

## Classification Questionnaire

Last Name, First Name, Middle Initial	Department/Division
Current Classification	Work Phone Number

Describe in detail the work you perform. Use your own words and make your description clear so that persons unfamiliar with your work can understand exactly what you do. Attach additional sheets, if necessary.

Percentage of Time	Work Performed	Leave Blank

Name and Title of Immediate Supervisor	Work Phone Number
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Machines or equipment which are required to be used in your work. Provide percent of time in operation of each:

	%		%
	%		%
	%		%
	%		%

Check the terms which describe the working relationship you have with others:

- |  |  |
|--|--|
| <input type="checkbox"/> Assign and Review their Work    | <input type="checkbox"/> Administer Discipline                     |
| <input type="checkbox"/> Recommend Hiring or Dismissal   | <input type="checkbox"/> Complete Performance Evaluations          |
| <input type="checkbox"/> Train New Employee              | <input type="checkbox"/> Answer Procedural and Technical Questions |
| <input type="checkbox"/> Approve Sick Leave and Vacation | <input type="checkbox"/> Set Priorities and Adjust Workload        |

Give the names and classification of employees you supervise, if three or fewer. If you supervise more than three employees, give the number under each title.

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Public Relations/Customer Service Contact – check one of the following

- Requires little or no responsibility for making personal contacts on non-specialized matters with employees, general public and outside agencies in performing duties of your position.
- Requires regular contact with general public, persons in other departments, outside representatives for the purpose of furnishing or obtaining information, explaining routine procedures and regulations.
- Requires considerable responsibility for making contacts either in situations involving meeting and dealing with administrative officials and community leaders requiring explanation and interpretation on specialized matters in obtaining desired actions; or in handling unruly or emotionally disturbed individuals.

Policy and Procedures – check one of the following

- Work is standardized and affords limited opportunity to explain procedures and policy; questions are referred to supervisor.
- Work requires following and when necessary explaining established policy, methods and procedures.
- Requires responsibility for carrying out, interpreting or enforcing existing policy and procedures.
- Requires responsibility for development or assistance in development of policy and procedures; overseeing administration of policy.

List specific education, training or work experience which has helped you perform the job you are doing now:

What is the nature and extent of instruction you receive regarding your work?

What is the nature and extent of the check or review of your work?

Does this position require any special skills such as typing, word processing, note-taking, transcription, or bilingual fluency ?  No  Yes – Give % of time spent in each.

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How long have you been performing the listed duties? \_\_\_\_\_

List any special requirements for your job such as license, certificates, registrations.

CERTIFICATION: I certify that the above answers are my own and are accurate and complete.

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Employee's Signature

Date

## STATEMENT OF IMMEDIATE SUPERVISOR

Comment on statements made by the employee. Indicate any exceptions or additions.

Indicate the qualifications in terms of knowledges, skills and abilities, and personal characteristics that are absolutely necessary for a new employee in this position.

List the most important duties of the position. List those that are least important.

What are the main goals of the division/section/unit that you supervise?

Date \_\_\_\_\_ Immediate Supervisor's Signature \_\_\_\_\_

Phone Number \_\_\_\_\_

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## STATEMENT OF DEPARTMENT HEAD

Comment on the above statements of the employee and the supervisor. Indicate any inaccuracies or statements with which you disagree. Please comment on the qualifications suggested by the supervisor.

Date \_\_\_\_\_ Department Head's Signature \_\_\_\_\_