

**STATE OF WASHINGTON
DEPARTMENT OF PERSONNEL - HIGHER EDUCATION UNIT
POSITION QUESTIONNAIRE**

Employee Instructions: Please complete the attached Position Questionnaire. Your answers will be used to decide the proper allocation of your position. You may attach more information to explain what you do. Information you add is called an exhibit. Mark each exhibit with the number of the question it refers to.

Make sure the Personnel Officer has a copy of all your exhibits. You should request a copy of all the exhibits, which the Personnel Officer used or prepared for your local position review.

Keep a copy of your questionnaire and all exhibits.

ABOUT THIS QUESTIONNAIRE

This questionnaire consists of three parts.

PART I All employees requesting a position review must complete Part I.

PART II Applies primarily to lead and supervisory positions. Read the instructions to see if this part applies to your position. It is recommended that all employees review and complete where applicable.

PART III To be completed by management and the Personnel Officer. This part will be sent to your supervisor for his/her completion or you may circulate for comments and signatures prior to sending to Human Resources.

If a question does not apply to your position, simply write NA (Not Applicable) in the answer space. If you need more space to answer a question, you may add pages. If you need help, you may ask anyone you wish for this help.

IMPORTANT: Please read this Position Questionnaire carefully and provide all of the requested information.

After you have answered the questions, which apply, to your position, give this questionnaire to your Personnel Officer. The Personnel Officer will send a copy of your completed questionnaire to the Director, DOP, if you decide to appeal the allocation of your position.

Be sure we have your correct work telephone number so you can be contacted.

| | | | | | |
|--|-----------------------------------|------------------------------|-------------------------------------|--|--|
| EMPLOYEE'S NAME (Last, First, Initial) | | Present Classification Title | | Working Title (if different) | |
| Institution Address | City | Building | Room No. | Work Phone | |
| Department, Division or Section | Immediate Supervisor Name & Title | Building | Room No. | Work Phone | |
| Official Work Week: Number of hours | Months Per Year | Shift | Duration of Employment | | |
| | | | With Institution years months | With Present Duties years months | |

**PART I
MAJOR JOB DUTIES**

INSTRUCTIONS: Describe your major job duties (those which take at least 5% or 2 hours a week to perform) following the example given below. Try to group similar tasks into major duties. Be sure to give the approximate percentage of time per month you perform each major duty.

If you have completed a position description form for your local position review, you may attach a copy here instead of completing this page of the form. If not, describe your entire job - include your routine and occasional duties.

The duties you describe below should be for the six-month period before you requested a local position review from your Personnel Officer.

| MAJOR DUTY | | DESCRIPTION OF DUTIES |
|--|--|--|
| List the major duties in your regular work assignment. In the small box, show the percentage of time you spend on the duty each month. | | Describe the things you do to complete each of these duties. |
| 40% | EXAMPLE: Clean offices and restrooms. | -Empty trash baskets - daily. -Vacuum carpets. -Fill dispensers, scrub floors, sinks, and toilets. |
| % | | |
| % | | |
| % | | |
| % | | |

What do you think is the correct allocation of your position:

| |
|--|
| Please describe the work you perform which is outside of your present class specification. |
| Give Specific examples: |
| IMPORTANT ESTIMATE THE NUMBER OF HOURS YOU SPEND EACH MONTH PERFORMING EACH OF THE ABOVE DUTIES: |

Questions 1, 2 AND 3 below refer to those duties performed outside of your present classification.

Question 1: How long have you been performing these duties?

less than six months six months or more

Question 2: Who assigned these duties to you?

Question 3: How were these duties assigned?

orally in writing other

If you marked in writing, please attach a copy if available.

If you marked other, please explain below.

Question 4: How and in what form do you get your work assignments?

INSTRUCTIONS: Work assignments can come from co-workers, supervisor, lead workers, users, or others. In what form are your work assignments given to you? Work assignments can be spoken, written, given by your position description, or come as a result of your own initiative or idea.

Examples:

-My supervisor assigns work verbally in meetings.
 -Another work unit sends paperwork to me for filing.
 -A lead worker gives me work orders at the beginning of the shift.

Question 5: When you have a question about how to do your work, who do you ask? (Use job titles.)

Question 6: Does your position require keyboard or typing skills?

Yes No If you did not list the kinds of documents you type on Page 1,
 please list them here.

| | | |
|--|--|--|
| | | |
| | | |
| | | |

Number of hours you spend at this activity each month _____.

Question 7: Check any machines/equipment you operate as part of your job. Add any equipment/machines you operate that are not listed. Indicate the number of hours per month you spend operating such equipment.

| Equipment/Machine | No. of Hrs. per Month |
|-------------------------|-----------------------|
| Typewriter | |
| Word Processor | |
| Personal/Micro Computer | |
| Computer Terminal | |
| Calculator | |
| Copy Machine | |
| Microfiche Viewer | |
| Microfilm Viewer | |
| Cash Register | |
| Truck - Specify Size | |

| (Other) | |
|---------|--|
| | |
| | |
| | |
| | |

| Equipment/Machine | No. of Hrs. per Month |
|-------------------|-----------------------|
| Passenger Vehicle | |
| Mower (size) | |
| Welder | |
| Snowplow (size) | |
| Snowblower | |

Question 8: Do you service or repair any of the equipment, machines and/or vehicles listed above? If so, list these and describe the repairs or service you do.

Question 9: Are you required to use laws, rules, policies, procedures, manuals, or other guidelines to do your job? Explain how you use them.

Example:

-Student Financial aid. I help students complete financial aid forms.

Question 10: If you had to train a qualified person who was just hired to perform the above tasks, how long would it take before he/she could perform the work without any help?

Question 11: Describe how your work or progress is checked by your supervisor and the frequency of such activity.

Question 12: What are the most complicated or difficult parts of your job?

Question 13: Does your job require you to deal with people? If so, follow the example to fill in the blanks.

Example:

| Who Contacted? | Why Contacted? | How Often Contacted: |
|------------------------------------|---|----------------------|
| All levels of staff on the campus. | Provide orientation to college employees. | Once a month |

| Who Contacted? | Why Contacted? | How Often Contacted: |
|----------------|----------------|----------------------|
| | | |
| | | |
| | | |

Question 14: Please add any new information that would help someone better understand your job.

Question 15: To the best of your ability, fill in the organization chart. Do not abbreviate class titles.

- PUT YOUR CLASS TITLE IN THE BOX INDICATED.
- PUT YOUR SUPERVISOR'S CLASS TITLE IN THE BOX ABOVE YOURS.
- PUT THE CLASS TITLES OF OTHER PEOPLE WHO REPORT TO YOUR SUPERVISOR IN THE BOXES NEXT TO YOURS.
- PUT THE CLASS TITLES OF PERSONS WHOSE WORK YOU DIRECT IN THE BOXES BELOW YOURS.
- GIVE A BRIEF SUMMARY OF THE RESPONSIBILITIES OF THOSE EMPLOYEES WHOSE WORK YOU DIRECT ON THE LINES DIRECTLY BELOW EACH BOX.

SOME EXAMPLES OF CLASS TITLES: Office Assistant II, Laborer, Laboratory Technician II, Administrative Services Manager A, Nurse Coordinator I.

Name & Title of your Supervisor's Supervisor

Name & Title of your Supervisor

Name/ Titles of other positions reporting to your supervisor

Your position class title

Name/Titles of persons whose work you direct.

BRIEF SUMMARY OF WORK PERFORMED BY PEOPLE YOU DIRECT

| | | | |
|-------|-------|-------|-------|
| <hr/> | <hr/> | <hr/> | <hr/> |
| <hr/> | <hr/> | <hr/> | <hr/> |
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| <hr/> | <hr/> | <hr/> | <hr/> |

End of Part I. Please complete Part II where applicable.

Your Signature: _____ Date: _____

Continue to Part II

PART II

INSTRUCTIONS: Complete Part II if your position is responsible for any of the following:

- A. PLANNING;
- B. DECISION-MAKING;
- C. SIGNATURE AUTHORITY FOR YOUR SUPERVISOR;
- D. REPRESENTING YOUR SUPERVISOR DURING HIS/HER ABSENCE;
- E. DIRECTING THE WORK OF OTHER EMPLOYEES.

Question 1: Is your position responsible for planning ? Yes No

If you answer yes, please complete the remainder of this question. Indicate by marking the appropriate boxes or filling in the applicable blanks if the statements below apply to your position.

| Statement | Yes | No |
|--|-----|----|
| a. I plan only for my position. | | |
| b. I plan for my position and other positions. | | |

List the other positions by title:

| | | |
|--|--|--|
| | | |
| | | |
| | | |
| | | |

- c. I plan for an entire organization:
 - (1) number of employees in the organization
 - (a) faculty
 - (b) administrators
 - (c) classified employees
 - (2) number of clients served
 - (3) amount of annual budget \$

- d. My plans cover a period of :
 - (1) one week
 - (2) one month
 - (3) one fiscal year
 - (4) a biennium

e. My planning includes forecasts for the following:

- (1) People (how many)
- (2) Equipment (how much) \$
- (3) Space (number of square feet)
- (4) Funds (how much) \$
- (5) Clients (how many)

f. Give at least two examples of your planning.

- (1)
- (2)

Question 2: Does your position have decision-making authority? Yes No

Give at least two examples of decisions you make independently without first checking with your supervisor.

Give at least two examples of decisions you make after checking with your supervisor:

Question 3: If you have signature authority for your supervisor, list which documents you can sign.

| | | |
|--|--|--|
| | | |
| | | |
| | | |
| | | |

Question 4: Do you represent your supervisor when he/she is absent? Yes No

If yes, what authority do you have?

Complete authority (includes fiscal authority over physical resources and personnel actions)

Explain:

Limited authority (includes day-to-day activities or routine responsibilities, but no fiscal authority)

Explain:

No authority

Question 5: Do you direct the work of other persons? Yes No

If No, sign the questionnaire on page 8 and return it to your Personnel Officer. If you marked Yes, complete the remaining questions.

A. Mark with an "x" those duties you perform.

1. Assign work to others
2. Check work of others
3. Train employees to do their job
4. Schedule hours of other employees
5. Report progress/problems of other employees
6. Report hours of work of others
7. Establish goals for work unit
8. Plan work of others
9. Approve leave usage of other employees
10. Respond to grievances
11. Make hiring recommendations
12. Conduct annual and/or interim employee performances evaluations
13. Discipline employees
14. Make recommendations for dismissal
15. Develop performance expectations for other positions
16. Develop position descriptions for other positions
17. Resolve conflicts
18. Coach, counsel employees
19. Recommend layoff actions
20. Change employee assignments or shifts

B. How much time do you spend performing the above duties? (Hours per month)

Questions 7: In the chart below indicate the number of people, by type, whose work you direct, and the hours they work each week.

| Kind of Employee(s) You Direct | Number of Employee(s) You Direct | Total Hours Employee(s) Work Each Week |
|---------------------------------|----------------------------------|--|
| Classified | | |
| Temporary or less than 1/2 time | | |
| Students | | |
| Volunteers | | |
| TOTALS | | |

Question 8:

- a. How many employees are there in your supervisor's organization?

- b. What is the amount of your supervisor's budget? \$
- c. What is the amount of your budget? \$
- d. If your organization serves clients, how many does it serve?
- e. How many employees report directly to you?
- f. How many supervisors report directly to you?

Question 9: Mark with an "x" the statements below which are applicable to your position.

The person(s) whose work I direct:

- a. Are in the same class as mine.
- b. Are in a lower class.
- c. Perform the same or similar work as I do.
- d. Perform different work than I do.
- e. Report directly to me.
- f. Report directly to my supervisor, but I have charge of their day to day activities.

Question 10: What important decisions are you required to make concerning the following:

- a. Employees
- b. Equipment/materials
- c. Space
- d. Funds
- e. Others

End of Part II. Sign and forward to Human Resources.

Your Signature: _____

Date: _____

EMPLOYEE NAME _____

SUPERVISOR NAME _____ Title: _____

SUPERVISOR PHONE _____

**PART III
MANAGEMENT AND PERSONNEL OFFICER STATEMENT**

Supervisor: This part is for your review of this employee's position questionnaire. Do not change any of the employee's responses. Please make your comments below. Be sure to answer all questions.

Position Review of _____
(Employee)

Question 1: The employee's statements are accurate and complete except: (please be specific)

(Note: Please attach a separate page if you need more space.)

Question 2: Do you believe the employee is performing work outside his/her present classification?

Yes- Complete Questions Below

No- Go to Question No. 3

- a. What duties and responsibilities have you assigned that are outside the employee's present classification?

- b. When did you assign these duties? (Approximate dates)

- c. How long has the employee been performing these duties?

- d. Did you assign these duties in writing? Yes No
If yes, please attach a copy if available.

Question 3: What level of supervision do you exercise over this position?

Question 4: Please give examples of decision-making authority you have delegated to this position.

SUPERVISORS ARE ENCOURAGED TO DISCUSS THE ABOVE COMMENTS WITH THE EMPLOYEE.

Signature of Supervisor: **X** _____

Date: _____

Additional Comments (attach additional sheet if necessary)

STATEMENT OF DEPARTMENT HEAD OR SECOND-LEVEL SUPERVISOR

Department Head's comments as to accuracy and completeness of statements of employee and immediate supervisor.

Signature of Department Head or Authorized Representative _____

Date: _____

Position Title: _____

Phone Number: _____

VICE PRESIDENT OR AUTHORIZED REPRESENTATIVE

VP Signature: _____ Date: _____

Comments:

Return to Human Resources when signing is complete.