

CLASSIFICATION REVIEW – EXISTING JOBS  
**POSITION ANALYSIS QUESTIONNAIRE**

**Note: Only existing positions that have changed should complete this form. For new or proposed positions, the full Position Analysis Questionnaire should be completed.**

**EMPLOYEE INFORMATION**

Employee Name	Department Name
Classification Title	Supervisor (Name, Title and Phone Number)

**DIRECTIONS**

The classification review process is an opportunity for the employee, or their supervisor, to consider significant changes that may have occurred in the employee’s duties. Please read each question carefully before answering. Do not include short-term tasks or projects, or future responsibilities. Do not consider the incumbent’s *performance*; this process is not a measure of how well an employee performs. Ensure that all answers are as complete, clear and concise as possible. Please type or print clearly.

**Attach a copy of the current job description to this form.**

**1. ESSENTIAL JOB FUNCTIONS:**

- Briefly list the major **changes** in duties or responsibilities that have occurred in the position. *(Changes do not include change in quantity or quality of duties)*
- For any **new** duties, what position performed the duties prior them being assigned to your position?

*Think in terms of WHAT the employee does, NOT HOW the employee does it. Avoid describing procedures. Start each sentence with an action verb. Please group tasks that require similar skills/knowledge together. Describe them in such a way as to be clear to someone who does not understand the work performed. Number each one in their order of importance and estimate the percentage of time that each one takes. These percentages **should not add up to 100** because some duties previously performed are still assigned to the position. Attach additional sheets, if necessary.*

Changed Duties/Responsibilities  
(do not write “see job description”)

Duties previously performed by  
(name/title)

- 1)
- 2)
- 3)
- 4)

- If duties were eliminated from your position, please list each duty and provide the job title of the employee (if anyone) who will be performing these duties.

1)

2)

3)

4)

5)

Please strike through the eliminated duties on the job description you attach to this form.

**2. EDUCATION/EXPERIENCE REQUIRED:**

a) List any **changes** from the job description, relating to the educational requirements for this job and/or the years of experience required in order to meet the minimum qualifications when applying for this position. If there is no change from the job description, please indicate that by writing no change.

b) Considering an individual to have the education and experience required above, how long would the initial training period typically be for a new hire?

**3. COMPLEXITY OF DUTIES.** Provide examples of the 1-Decision making, 2-Creativity, 3-Planning, and 4-Independent judgment required on this job.

1) –

2) –

3) –

4) –

**4. SUPERVISION RECEIVED.** To what extent does the immediate supervisor direct the activities of this position? How much interaction between the supervisor and the employee in this position is normal and necessary in accomplishing and/or reviewing the work of this position? Please explain in words rather than as a percentage of time.

**5. ERRORS (Please answer each question below)**

a) Give examples of the most common types of errors that someone familiar with the job will make.

b) How, and by whom (what position), are these errors typically found and corrected?

c) What, if any, effect would the errors have on the department and organization once the errors are corrected?

**6. CONTACT WITH OTHERS.** Please list for each contact, the following: 1. Type of contact (job title/level of person contacted), 2. Internal or external, 3. Reason for the contact (why/what,

exchanging information, persuading/selling, etc.) and 4. Percentage of time spent in such contact during an average week or month.

Type of Contact - level of person(s)	Internal/ External	Reason	%

**7. CONFIDENTIAL INFORMATION.** What confidential information does this position use or have access to in performing the duties of the position? Indicate whether it is "access to" or "use" of the information. How could this information be improperly disclosed in the performance of the job and what is the adverse effect?

**8. MANUAL DEXTERITY.** What percent of your TOTAL work time is manual dexterity required (use of calculator, keyboard, motorized vehicles, etc.)? What instruments or equipment do you use, or what tasks are performed that require the use of manual dexterity? Does the work performed require using microscopes or other similar items?

**9. PHYSICAL DEMAND.** Consider only lifting or moving of material. How often and how much weight is typically involved? What is the maximum weight this position is REQUIRED to lift or move unassisted?

<u>WEIGHT</u>	<u>FREQUENCY</u>	<u>PERCENT OF TIME</u>
Under 5 pounds	_____	_____
5 to 25 pounds	_____	_____
25 to 60 pounds	_____	_____
Over 60 pounds	_____	_____
Max. pounds	_____	_____

**10. WORKING CONDITIONS.**

- a) Describe the environment in which you work. List any unpleasant working conditions, such as dirt, weather, noise requiring hearing protection, fumes, chemicals, etc. What percent of the work time are you exposed to these conditions?
  
- b) Explain injuries that are likely to occur to someone performing this job.
  
- c) If overnight travel is required, what is the frequency and duration?

**11. CHARACTER OF SUPERVISION (For supervisory positions only)**

Is this position responsible for supervising a section within a department, a department or more than one department? If no, skip questions 11 and 12.

- a) Does this position assign and review work, and alter workloads of others to meet scheduling demands?
  
- b) Does this position evaluate performance and conduct appraisal interviews?
  
- c) Does this position have authority to hire and fire, or effectively recommend same?

**12. SCOPE OF SUPERVISION (For supervisory positions only)**

This question deals with the number of individuals supervised directly and through subordinate supervisors.

- a) TOTAL employees supervised: \_\_\_\_\_
- b) TOTAL volunteers supervised: \_\_\_\_\_
- c) What is the full-time equivalency (FTE) of "a" and "b" above? (Convert part-time employees to FTE by adding the number of hours each individual works during a year and dividing by 2080.)  
TOTAL FTE: \_\_\_\_\_

**ADDITIONAL INFORMATION:** Please provide any additional explanation or information that would help to describe or clarify the position, including where it fits within its department, etc.

By signing this document, I agree that the information contained within is 100% accurate and reflect the job duties on a day to day basis.

Employee's Signature:	Date:
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Supervisor's Signature:	Date:
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