



CITY OF SALEM POSITION QUESTIONNAIRE

Employee	Employee's Job Class	Phone
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Supervisor	Supervisor's Job Class	Phone
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FOR COMPLETION BY THE EMPLOYEE

Instructions:

1. Read the entire questionnaire before starting to answer the questions. Keep in mind that the purpose of the questionnaire is to collect information about the nature of the position and is not designated to evaluate individual performance.
2. Be as complete and specific as possible with your responses. Answer the questions so that someone unfamiliar with your position would obtain a clear understanding of the position.
3. Please print legibly or complete this form on your computer, print it out, and sign it. Use extra sheets, if necessary, but be sure to write your name on the sheets and attach them to this questionnaire.
4. Review the completed questionnaire to make sure that correct and complete information has been provided.
5. Return the completed questionnaire to your supervisor. Your supervisor will review the questionnaire and comment on the last page.

I. What are your major job responsibilities? List each responsibility and indicate the appropriate percentage of total time spent in that responsibility. The sum of the percentages should equal 100%. Indicate the importance of each responsibility in the last column, using the key below.

Key:

- P= Primary importance and highest priority
- S= Secondary importance and priority
- L= Lowest importance

<u>Responsibility</u>	<u>% of Time</u>	<u>Importance</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

List appliances, equipment, machines and tools used.

VI. What major decisions are you regularly required to make? List the decision and indicate the type of guidance received in making the decision, such as departmental policies, professional knowledge and/or supervisory input. Specify how frequently the decision is made and its impact.

Frequency Key

D=Daily

W=Weekly

M=Monthly

Q=Quarterly

A=Annually

Impact Key

1=Immediate work unit

2=Own department

3=Other departments

4=Entire City

<u>Decision</u>	<u>Frequency/ Guidance</u>	<u>Impact</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

VII. Are you authorized to diverge from policies, guidelines and procedures without consulting a supervisor?

Yes

No

If yes, give examples:

VIII. Are you allowed to make decisions that would commit the unit, division, or department, to spend a substantial amount of money or other resources?

Yes

No

If yes, give examples of range of authorized spending:

IX. Are you responsible for developing, monitoring or administering an income and/or expense budget? Check the appropriate responses below to indicate the budget related responsibilities.

Income

Expense

- | | |
|--------------------------|---|
| <input type="checkbox"/> | No responsibility for developing or administering a budget |
| <input type="checkbox"/> | Gathers facts and figures used to develop a budget |
| <input type="checkbox"/> | Processes transactions |
| <input type="checkbox"/> | Tracks and reconciles budget activity |
| <input type="checkbox"/> | Analyzes variances and prepares status reports |
| <input type="checkbox"/> | Provides forecasts and projections used to develop a budget |
| <input type="checkbox"/> | Develops and administers a budget |

Budgetary responsibilities are for a:

- Unit Division Program/Project Department City Other

Please indicate the size of the annual budget you are responsible for: \$ _____

X. Supervision: Check those statements that apply:

- | | |
|---|---|
| <input type="checkbox"/> I am not required to supervise or guide the work of other employees. | |
| <input type="checkbox"/> I schedule and assign work | <input type="checkbox"/> I screen and interview applicants |
| <input type="checkbox"/> I review or correct work of others | <input type="checkbox"/> I recommend new hires |
| <input type="checkbox"/> I hire employees | <input type="checkbox"/> I provide input to performance appraisals |
| <input type="checkbox"/> I conduct performance appraisals | <input type="checkbox"/> I train employees |
| <input type="checkbox"/> I recommend disciplinary actions | <input type="checkbox"/> I initiate, enforce and monitor disciplinary actions |
| <input type="checkbox"/> I terminate employees | <input type="checkbox"/> I convey established policies and procedures |
| <input type="checkbox"/> I recommend merit increases | <input type="checkbox"/> I approve merit increases |
| <input type="checkbox"/> I interpret policies and procedures | <input type="checkbox"/> I approve policy exceptions |
| <input type="checkbox"/> I develop policies and procedures | <input type="checkbox"/> I implement policies and procedures |

How many people do you supervise directly and indirectly? (For direct, count the number of people formally reporting to the position. For indirect, count the number of people reporting through someone who reports to this position.)

Direct

Indirect

_____ FTE

_____ FTE

_____ Volunteers

_____ Volunteers

_____ Seasonal/PTE

_____ Seasonal/PTE

XI. What do you think the correct classification for your position needs to be, if any other?

XII. Comments: Please list any additional information you feel would be helpful in understanding and evaluating your job.

FOR COMPLETION BY THE SUPERVISOR:

I. Without changing any of the employee's answers to the above questions, please comment on any of those answers about which you disagree. Please give your statement as to a more accurate description of the task, decision, or impact.

II. Please briefly explain other aspects of the job not discussed previously that should be considered in this review of the position?

III. Are there other positions to which you would like this position compared for comparability in scope and complexity of work? If so, which positions and how would you characterize their similarity to this position?

IV. Have you experienced high turnover or problems recruiting strong candidates for this position?

Employee's Signature

Date

Supervisor's Signature

Date