

POSITION CLASSIFICATION QUESTIONNAIRE (P350)

1. Last Name First Middle Initial

2. Official Title of Position

Usual Working Title of Position

3. Total Hours per Week

Explain rotation of shifts, and/or part time schedule if any:

4. Commission, Board or Department

5. Division or Institution

6. Section or Other Unit of Division or Institution

7. Place of Work or Headquarters

8. Is your work: Full-Time? Part-Time?
 Year-round? Seasonal? Temporary?

If work is seasonal, temporary, or part-time, indicate part of year or proportion of full-time: _____

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

TIME	WORK PERFORMED	LEAVE BLANK

10. Name and Title of Your Immediate Supervisor:

11. Give the names and payroll titles of employees you supervise, if five or fewer. If you supervise more than five employees, give the number under each title. If you supervise no employees, write "none".

12. Machines or equipment used regularly in your work. Give percent of time spent in operation of each.

	%		%
	%		%
	%		%

13. What is your major job function?

14. What is the nature and extent of instructions you receive regarding your work?

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

16. Describe your contacts with departments other than your own, with outside organizations and with the general public.

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

Date _____

Employee's Signature _____

STATEMENT OF IMMEDIATE SUPERVISOR

17. Comment on statements of employee. Indicate any exceptions or additions.

18. What do you consider the most important duties of this position?

19. Does this position involve typing? No Yes; Give percentage of time spent in typing ____ %

20. Does this position involve shorthand? No Yes; Give percentage of time spent in taking shorthand _____ %

21. Indicate the qualifications that you think should be required in filling a future vacancy in this position. Keep the position itself in mind rather than the qualifications of the individual who now occupies it.

Necessary knowledge, skills and abilities:	
Experience, length in years and kind:	
Education:	
Licenses, certificates or registrations:	
Physical requirements:	

Date _____

Immediate Supervisor's Signature _____

STATEMENT OF DEPARTMENT HEAD OR OTHER ADMINISTRATIVE OFFICER

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

Date _____

Department Head's Signature _____
