



NORTHEASTERN
STATE UNIVERSITY

**Job Classification and
Compensation Survey
Northeastern State
University**

DEPARTMENT _____ DATE _____

EMPLOYEE NAME _____
(as it appears on your paycheck)

POSITION TITLE _____

SUPERVISOR'S NAME _____

SUPERVISOR'S TITLE _____

EMPLOYEE'S LENGTH OF SERVICE IN THIS POSITION Y _____ M _____

EMPLOYEE'S LENGTH OF SERVICE IN THE ORGANIZATION Y _____ M _____

EMPLOYEE'S CURRENT GRADE _____ STEP _____ ANNUAL SALARY \$ _____

POSITION DESCRIPTION QUESTIONNAIRE

The purpose of this form is to aid you in describing your present position in terms of the duties, responsibilities and qualifications required. This form will not be used to evaluate your work performance or your qualifications.

The job evaluation plan will provide a factual, objective basis for uniform and equitable pay relationships. It will also provide basic information for the selection and promotion of employees. Therefore, it is essential that accurate information be obtained about the duties and responsibilities of each position.

PART I--TO THE EMPLOYEE

You are the best person to provide the information about your job. You know the exact duties you perform and your responsibilities. Therefore, you are asked to fill in this position description questionnaire. You should answer every question using the space provided.

After the questionnaires have been reviewed by our staff, an interview will be scheduled with selected incumbents in your job classification so that we can be certain that we understand your job classification and its relationship to other positions in your organization.

1. MAJOR DUTIES

The "Major Duties" section of the job description answers the question, "What does the employee do in the position?" It should briefly describe the major duties performed in plain language.

Duties are best described by using active verbs, for example:

- o **Balances** cash receipts.
- o **Develops** plans, specifications and estimates.
- o **Supervises** and **participates** in the installation, maintenance and repair of plumbing, electrical and HVAC systems.
- o **Coordinates** and **performs** cabling installations as needed to facilitate network infrastructure changes, additions or enhancements.
- o **Researches**, **gathers** data and **prepares** reports, presentations, publications, spreadsheets, tables and charts.

If it is necessary to describe incidental or occasional duties, then explain how often they occur, for example: once a month, in emergencies, and so forth.

Please follow the directions below to describe your major duties.

- o List the major duties that you perform. **NUMBER EACH MAJOR DUTY.** The duty that you consider most important should be listed first, followed by lower priority duties, until the least important duty is described.
- o Estimate the percentage of time that you spend on each MAJOR DUTY. Although this may be difficult, you are better able to do it than anyone else.
- o If you perform duties of a supervisory nature, describe those duties specifically. You should also list the employees you supervise on page 10, question 11.

Major Duties

Order of Importance	Work Performed (List Major Duties)	% of Time

continued on next page

Major Duties (continued)

Order of Importance	Work Performed (List Major Duties)	% of Time

1.2 a. Which duty or duties do you think are most difficult? (list the numbers)

b. What makes these duties difficult?

2. KNOWLEDGE REQUIRED BY THE POSITION

a. List the knowledges and skills that are required to perform the duties listed in Item 1, for example: knowledge of accounting, skill in operating a computer, skill in operating a front-end loader, etc.

DUTY NUMBER	KNOWLEDGES AND SKILLS

- b. List all of the specialized tools, equipment and machines you use while performing your work.
- c. What licenses or certificates are required to perform your work?
- d. What kind of experience or special training is needed to perform your work?
- e. How many years of the above experience are needed to perform your work?
- f. What are the specific educational requirements of this position?
- g. Are you required to drive a vehicle or operate equipment provided by your organization once a week or more in the performance of your major duties?

3. SUPERVISORY CONTROLS

- a. List the numbers of the duties (from Item 1) that you do repeatedly without receiving new instructions from your supervisor. These instructions will be referred to as standing or continuing instructions.

What is the nature of the standing or continuing instructions you have been given regarding these tasks? (check one)

- _____ The instructions are detailed, specific and cover all aspects of the work.
- _____ The instructions are somewhat general; many aspects of the work are covered specifically, but I must also use some judgment.
- _____ The instructions are general, requiring me to use judgment.
- _____ The instructions are very general, requiring me to use much judgment.
- _____ The instructions are in terms of goals and objectives.
- _____ Other (describe fully) _____

b. List the numbers of the duties (from Item 1) for which you do not have standing or continuing instructions.

c. How does your immediate supervisor review your work? (check all that apply)

_____ My supervisor reviews most or all of my work while I am doing it.

_____ My supervisor spot-checks my work as I am doing it.

_____ My supervisor reviews most or all of my completed work.

_____ My supervisor spot-checks my completed work.

_____ My supervisor does not review my work.

_____ Other (describe fully) _____

d. When your supervisor reviews your work, what is the purpose of the review? (check all that apply)

_____ My compliance with detailed and specific instructions.

_____ My compliance with established procedures.

_____ The accuracy of my work.

_____ The nature and propriety of the final results of my work.

_____ Other (describe fully) _____

4. GUIDELINES

a. What written guidelines or procedures (e.g., laws, building codes, rules and regulations) do you use in your work?

b. Do the guidelines you use in your work require interpretation or are they clear and specific?

c. Do you ever have to determine which guideline to apply in a specific situation? If so when? Please give an example.

5. COMPLEXITY

- a. Describe what makes your work routine, complicated, unusual or difficult to perform. What obstacles are there in the work itself that make it difficult to accomplish?

6. SCOPE AND EFFECT

- a. What is the purpose of your assignment?
- b. What is the effect of the work you produce within your department?
- c. What impact does your work have beyond your immediate department?
- d. How does your work affect outside organizations?
- e. What is the effect of errors you may make within your department? Within other departments?
- f. Does your work affect the reliability, accuracy or dependability of other work processes? If so, how?

7. PERSONAL CONTACTS

Describe the occupations of people with whom you interact in carrying out your work (e.g., co-workers, workers in related support units, recipients of direct services, members of the general public, or representatives of other organizations). Do not include contacts with your supervisor since supervisory contacts are described under previous questions.

8. PURPOSE OF CONTACTS

Describe the purpose of the above contacts, for example: to give or exchange information; to resolve problems; to provide services; to motivate, influence, or interrogate persons; or to justify, defend, or negotiate matters, etc.

9. PHYSICAL DEMANDS

Describe the physical demands of your job by checking as many of the following that apply.

- Typically sitting at a desk or table
- Intermittently sitting, standing or stooping
- Typically standing or walking
- Typically bending, crouching or stooping
- Occasionally lifting light objects (less than 24 pounds)
- Frequently lifting light objects (less than 24 pounds)
- Occasionally lifting heavy objects (25 or more pounds)
- Frequently lifting heavy objects (25 or more pounds)
- Climbing ladders
- Using tools or equipment requiring a high degree of dexterity
- Distinguishing between shades of color
- Utilizing sense of smell
- Other (describe fully) _____

10. WORK ENVIRONMENT

Describe the normal or usual conditions where your work is performed by checking as many of the following that apply.

- Work is performed in an office, library or computer room.
- Work is performed in a stockroom or warehouse.
- Work is performed in a very noisy place.
- Work exposes me to much dust, dirt, grease, etc.
- Work exposes me to machinery with moving parts.
- Work exposes me to contagious or infectious diseases, or irritating chemicals.
- Work is performed outdoors and occasionally in cold or inclement weather.
- Work requires use of protective devices such as masks, goggles, gloves, etc.
- Other (describe fully) _____

11. SUPERVISORY AND MANAGEMENT RESPONSIBILITY

List the name(s) and title(s) of all employees who work under your supervision.

12. Provide any additional information about your position that you consider to be important, but which has not been previously mentioned.

PART II--TO THE IMMEDIATE SUPERVISOR

Review this employee's questionnaire carefully to see that it is accurate and complete. Then fill out Items 13 through 15. Do not fill in these items unless you supervise the employee directly. If you direct this employee through a subordinate supervisor, have that supervisor complete Part II.

Your certification in Item 16 means that you accept responsibility for the accuracy and completeness with which the entire questionnaire describes the duties and responsibilities of the job. If Part I does not express your view of the duties and responsibilities that you have assigned the employee, it will be necessary for you to use Part II to qualify or elaborate on the description.

There are two essential cautions you should observe:

- o Under no circumstances should you change or alter the employee's entries in Part I.**
- o Do not make any statements or comments about the employee's work performance, competence or qualifications. This questionnaire will be used to evaluate the duties that constitute the position, not the performance or qualifications of the employee.**

Sign and date the certificate showing that you consider the entire questionnaire to be accurate and complete.

13. Describe briefly the employee's position as you see it. Show how it relates to the functions of the department.

14. List the duties assigned to this employee that are most important (use the duty numbers from Item 1).

15. State any additions or exceptions to the statements made by the employee in Part I.

16. I certify that the above information is accurate and complete.

**Signature of
Immediate Supervisor** _____

Name (please print) _____

Date _____ **Department** _____

17. Comments by department head:

18. I certify that the above information is accurate and complete.

**Signature of
Department Head** _____

Name (please print) _____

Date _____ **Department** _____