

POSITION CLASSIFICATION QUESTIONNAIRE

Please read instructions for filling)

<p>1. Mr. Last Name First Middle Initial Mrs. Miss</p>	<p>4. Department, commission or Board</p>																																							
<p>2. Official Title of Position:</p>	<p>5. Division:</p>																																							
<p>Usual working Title of Position:</p>	<p>6. Branch and Section</p>																																							
<p>3. Regular Schedule of Hours of Work</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:15%; text-align: center;">From</td> <td style="width:15%;"></td> <td style="width:15%; text-align: center;">To</td> <td style="width:45%;"></td> </tr> <tr> <td>Mon</td> <td style="text-align: center;">8:00</td> <td></td> <td style="text-align: center;">5:00</td> <td rowspan="7" style="vertical-align: top;"> Total Hrs. Per Wk. <u>40</u> Explain rotation of Shifts if Any: _____ _____ _____ Hrs. of " on-Call " time Per Wk. _____ </td> </tr> <tr><td>Tues.</td><td>_____</td><td></td><td>_____</td></tr> <tr><td>Wed</td><td>_____</td><td></td><td>_____</td></tr> <tr><td>Thur</td><td>_____</td><td></td><td>_____</td></tr> <tr><td>Fri</td><td>_____</td><td></td><td>_____</td></tr> <tr><td>Sat</td><td>_____</td><td></td><td>_____</td></tr> <tr><td>Sun.</td><td>_____</td><td></td><td>_____</td></tr> <tr> <td colspan="4">Length of Lunch Period <u>1 HR</u></td> <td></td> </tr> </table>		From		To		Mon	8:00		5:00	Total Hrs. Per Wk. <u>40</u> Explain rotation of Shifts if Any: _____ _____ _____ Hrs. of " on-Call " time Per Wk. _____	Tues.	_____		_____	Wed	_____		_____	Thur	_____		_____	Fri	_____		_____	Sat	_____		_____	Sun.	_____		_____	Length of Lunch Period <u>1 HR</u>					<p>7. Place of Work (Island or Municipal)</p> <p>8. Is your work <input type="checkbox"/> Full-Times? <input type="checkbox"/> Part-time? <input type="checkbox"/> Year-Round <input type="checkbox"/> Seasonal <input type="checkbox"/> temporary If work is Seasonal, temporary, or Part-time, Indicate Part of year Proportion of Full-time:</p> <p>9. Do you receive any maintenance (Room, Meals, Laundry, ETC.) in addition to your cash salary? Explain <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
	From		To																																					
Mon	8:00		5:00	Total Hrs. Per Wk. <u>40</u> Explain rotation of Shifts if Any: _____ _____ _____ Hrs. of " on-Call " time Per Wk. _____																																				
Tues.	_____		_____																																					
Wed	_____		_____																																					
Thur	_____		_____																																					
Fri	_____		_____																																					
Sat	_____		_____																																					
Sun.	_____		_____																																					
Length of Lunch Period <u>1 HR</u>																																								

10. Describe below in detail the Work you do. Use your word and make your Description So clear that Persons unfamiliar with your work can understand exactly what you do. Attach additional sheets if Necessary.

Time Spent	WORK PERFORMED	LEAVE BLANK

11. Name and Job title of Your Immediate Supervisor: _____

12. 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" _____

List Machines or Equipment used regularly in Your work. Give Per Cent of time spent in Operation of Each :

	%		%
	%		%
	%		%

14. What Kind, And How Extensive Are The Instructions You Receive regarding Your Work?

15. What Kind, And How Extensive Are Checks or Reviews Made of Your Work?

16. Describe Your Contacts With Departments Other Than Your Own, With Outside Organization, And with The General Public.

CERTIFICATION: 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? Care Of Patient

19. Does This Position Involve Typing?

No.
 Yes - Give % Of Time Spent in Typing _____ %

20. Does This Position Involve Shorthand?

NO
 Yes - Give % Of Time Spent in Taking Shorthand % _____

21. Indicate The Qualifications Which 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

	Basic Qualifications	Additional Desirable Qualifications
Education, General:		
Education, Special Or Professional:		
Experience, Length in Years and Kind:		
Licenses, Certificates, or Registration:		
Special Knowledge's, Abilities, and Skills:		
Age, Sex, Physical Requirement or Other Factors:		

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: _____