

POSITION CLASSIFICATION QUESTIONNAIRE

NEW JERSEY DEPARTMENT OF PERSONNEL © DIVISION OF HUMAN RESOURCCR MANAGEMENT

FOR DEPARTMENT OF PERSONNEL USE

OPM
LOG NO.

IMPORTANT: Full instructions for completing this form are located on the last page. It is most important that employees and supervisors read them carefully. The form must be signed by the employee, his or her supervisor, and the Appointing Authority Representative.

APPOINTING AUTHORITY CONTROL NO.

INCOMPLETE REQUESTS WILL BE RETURNED.

| | | | |
|--|-------------------------------------|--|------------------------------------|
| 1. NAME OF EMPLOYEE (IF ANY) | 2. ANNUAL SALARY (<i>Current</i>) | 3. POSITION NO. | 4. CODE (<i>Range and Title</i>) |
| 5. OFFICIAL TITLE OF POSITION | | 6. WORKING TITLE (<i>If different</i>) | |
| 7. LOCATION OF POSITION (<i>Geographic location, Unit, Section, Division, Institution, or Department</i>) | | | |

8. WORK (DUTIES) PERFORMED - Describe in detail the work required of this position. Make descriptions so clear that persons unfamiliar with the work can understand exactly what is done. NOTE: If this is a vacant position or a new position request, the form must be completed by the supervisor of the position and certified for accuracy by the Appointing Authority Representative.

| PERCENT OF TIME | WORK (DUTIES) PERFORMED | Order of Difficulty |
|-----------------|-------------------------|---------------------|
| | | |

ITEM 8 CONTINUED

| PERCENT OF TIME | WORK (DUTIES) PERFORMED | Order of Difficulty |
|-----------------|-------------------------|---------------------|
| | | |

| | | | |
|--|-----------------------------------|----|--|
| 9. REGULAR SCHEDULE OF WORK HOURS | | | 9b. EXPLAIN ROTATION OF SHIFTS, IF ANY |
| DAY | FROM | TO | |
| Monday | | | 10. TYPE OF WORK (Check One) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Year Round <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary <i>(If work is part time, seasonal, or temporary, indicate part of year or proportion of full time)</i> |
| Tuesday | | | |
| Wednesday | | | |
| Thursday | | | |
| Friday | | | |
| Saturday | | | |
| Sunday | | | |
| LENGTH OF LUNCH PERIOD _____ | TOTAL HOURS WORKED PER WEEK _____ | | |

QUESTIONNAIRE CONTINUED

12. TYPE OF SUPERVISION RECEIVED (Check One — See definitions on page 4)

CLOSE LIMITED GENERAL OTHER (Explain) _____

| | |
|---|--|
| <p>13. Does this position supervise other employees?</p> <p><input type="checkbox"/> YES (If yes, complete Items A thru E) <input type="checkbox"/> NO</p> <p>A. <input type="checkbox"/> Occassionally? [or] <input type="checkbox"/> Regularly?</p> <p>B. Responsible for the preparation of performance evaluations? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>C. Assign work? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>D. Review completed work of employees supervised? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> | <p>E. List the names and titles of the employees supervised directly. <i>(If the employees supervised comprise one or more complete units, include the names of the units)</i></p> |
|---|--|

| | |
|---|---|
| <p>14. CERTIFICATION OF EMPLOYEE</p> | <p>I CERTIFY that I have read the instructions and the entries made above are my own and, to the best of my knowledge, are accurate and complete.</p> <p>SIGNATURE DATE</p> |
|---|---|

15. STATEMENTS OF IMMEDIATE SUPERVISOR

A. Comments on Statements of Employee

Check here if continued on additional sheets.

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

Check here if continued on additional sheets.

C. List those knowledges and abilities necessary for standard performance of the job to be done by an incumbent of this position?

Check here if continued on additional sheets.

D. I AGREE that the duties and responsibilities of this position, as outlined above, are correct except as noted herein.

Check here if continued on additional sheets.

| | | |
|--|-----------|------|
| OFFICIAL TITLE <i>(Working title if different)</i> | SIGNATURE | DATE |
|--|-----------|------|

I CERTIFY that this request has undergone management and fiscal review, and has been authorized by the agency.

APPOINTING AUTHORITY REPRESENTATIVE APPROVAL PHONE DATE

DO NOT WRITE BELOW • FOR DEPARTMENT OF PERSONNEL USE

INSTRUCTIONS FOR COMPLETING POSITION CLASSIFICATION QUESTIONNAIRE (DPF-44)

NOTE: If this is a vacant position or a new position request, this form must be completed by the supervisor of the position and certified for accuracy by the Appointing Authority Representative.

Please read these instructions carefully before filling out the Position Classification Questionnaire.

This form is used to obtain information about a position. It will be used to determine the classification or to determine a rate of pay. Therefore, be as clear and accurate as possible and fill out the form completely. Be specific and illustrate statements with examples. If more space is needed to answer any of the items, attach an additional sheet and identify each item by its number.

This form is to be completed by you in your own words. Your supervisor and department head will review your Position Classification Questionnaire to determine the completeness and accuracy of the statements and to clarify or give additional information concerning your duties and responsibilities. Under no circumstances, however, should the supervisor or the department head change the answers as given and certified to by you. In the space provided, they may make whatever statements they think are necessary before signing the report. State your name in Item 1 and complete Items 6 through 14. Items 2 through 5 will be completed by your personnel office. Remember to sign your name in Item 14. Give the completed questionnaire to your supervisor.

ITEM 8 — The answer to this item requires an exact account of what you do. Describe your “whole job” or year-round duties, not just those which might be performed during rush or peak periods of activity or when you are substituting for other persons. Start with your most important duties and describe your least important duties last. Use a separate paragraph for each major duty. In the column at left indicate as best you can the percentage of time you devote to each duty. The position’s supervisor will complete the information requested in the right hand column.

| EXAMPLES OF GOOD AND POOR DUTIES STATEMENTS | |
|---|---|
| Poor Statements | Good Statements |
| Assist in handling correspondence. ● ● ● ● ● ● ● ● ● ● | Receive, open, time stamp, and route incoming mail. |
| Maintain grounds and landscaped areas. ● ● ● ● ● ● ● ● | Mow lawn with power mower and hand mowers. Trim trees from ground and from ladder, using power saws. Lubricate mowers. |
| I do finish concrete work. ● ● ● ● ● ● ● ● ● ● ● ● ● ● | Place forms; mix, pour and finish concrete walks and curbing. |
| Keep claim registers. ● ● ● ● ● ● ● ● ● ● ● ● ● ● | Prepare registers of all claims showing allocation of budget expenditures and total amount of expenditures for month in which claims are made. |
| Do general kitchen work. ● ● ● ● ● ● ● ● ● ● ● ● ● ● | Clean and cut fruits and vegetables. Make salad dressings. Serve at steam table. Wash pots and dishes and store away utensils and foods. Once or twice a month, bake cookies and tarts. |
| Our unit is responsible for keeping all purchasing records. ● ● | I compare invoices with purchase orders. Review requisitions submitted by the different departments for accuracy, then give them to the Purchasing Agent for his or her OK. |

ITEM 12 — Before you complete Item 12, the following definitions will be helpful in making your choice of the type of supervision you receive.

- **CLOSE SUPERVISION:** Work is performed according to detailed instructions and supervision is available on short notice.
- **LIMITED SUPERVISION:** Incumbent proceeds on his/her own initiative while complying with policies, practices, and procedures prescribed by the supervisor. The supervisor generally answers questions only on the more important phases of the work.
- **GENERAL SUPERVISION:** Work is performed independently. The incumbent seldom refers matters to supervisor except for clarification of policy.
- **Other:** If your work is supervised in a manner different from all of the above, please describe briefly how your work is assigned and supervised.

INSTRUCTIONS FOR SUPERVISORY STAFF

If you are a supervisor reviewing this form, you should remember that your certification means you accept responsibility that the statements made constitute a true description of the duties and responsibilities of the position. If the description does not meet with your idea of the position, it is your responsibility to see that statements made are qualified or elaborated upon in your comments. Under no circumstances, however, are the employee’s statements to be changed. However, you are asked to determine the order of difficulty of each duty performed. Under Item 8 in the column at right, cite the order of difficulty of duties performed by assigning the number one (1) to the most difficult, the number two (2) to the next most difficult, etc. Keep in mind that the most important duty performed by this position may not be the most difficult, nor the one on which the greatest percentage of time is spent.

You should review the completed and signed forms for correctness, completeness, and accuracy of statements, then add any comments which you believe are necessary, sign the forms, and forward them to the Personnel Office.