

Employees: please keep a copy of your fully signed classification questionnaire for your records before submitting it.

CLASSIFICATION QUESTIONNAIRE

SECTION I: EMPLOYEE INFORMATION

1. Last Name		First Name	Middle	2. Last 4 of SSN	3. Work Phone	4. Work Email
5. Department Name				6. Division Name	7. Name of Section or Unit	
8. Work Location (Room Number and Building)				9. Official Job Title of Your Position		
10. Name & Job Title of Your Immediate Supervisor				11. Supervisor's Email		11b. Supervisor's Phone
12. From what person or unit does your work come to you?				13. What has been done to your work before it comes to you?		
14. Your Current Pay Grade		15. Days Worked Per Week		16. Daily Working Hours		

SECTION II: EMPLOYEE DUTIES & RESPONSIBILITIES

17A. Describe the work you perform in detail and include percentages of time spent performing each work task. The ideal format is a detailed, numbered list of work tasks. If needed/preferred, please include this detail as an attachment and note that below.

Click or tap here to enter text.

17B. Describe the work tasks that you feel are outside of your current job description and include percentages of time spent performing each work task. Job descriptions are available on the [HR website – Classification & Compensation – Job Descriptions](#). If needed/preferred, please include this detail as an attachment and note that below.

Click or tap here to enter text.

18. What's the most difficult or technical task you perform during your usual duties?

19. Summarize the general purpose of your work.

20. Where does your work go when you're finished with it?

21. What is done with the work when you've completed it?

22. List any equipment or tools you use in your work and include percentages of time spent using each.

23. List the names and job titles of any employees who work under your supervision and explain the type of supervision you provide to each.

24. Who checks or reviews your work? Give their name and job title.

25. Describe the nature of their check or review.

26. Identify the one classified job classification that you feel is consistent with the duties and responsibilities in questions 17A and 17B:

By signing this classification questionnaire, I certify that I answered the above questions myself and that my answers accurately and completely describe the work I perform.

27. Employee Signature

28. Date

SECTION III: TO BE COMPLETED BY THE EMPLOYEE'S IMMEDIATE SUPERVISOR

Note – a current organizational chart showing the employee's reporting structure and supervisory authority (if applicable) must be submitted with this classification questionnaire. Please attach/include a copy.

1. Comment on the employee's statements above. Are the employee's statements accurate and comprehensive? Do you agree that they are working outside of their current job description? Why or why not?

2. Select the statement(s) that best capture the nature of supervision/oversight you provide this employee. Please select all that apply:

Assignments are made in detail.	<input type="checkbox"/>
Assignments are merely outlined.	<input type="checkbox"/>
Assignments result from the flow of work.	<input type="checkbox"/>
Work is carefully checked while in process.	<input type="checkbox"/>
Work is checked only when completed.	<input type="checkbox"/>
Work is subject only to occasional review.	<input type="checkbox"/>
Work is rarely, if ever, reviewed.	<input type="checkbox"/>

3a. Select the statement(s) that best capture the nature of supervision that this employee provides over other State employee(s). Please select all that apply:

Lays out work for others.	<input type="checkbox"/>
Reviews work for others.	<input type="checkbox"/>
Approves or denies employee leave requests.	<input type="checkbox"/>
Signs employee timesheets.	<input type="checkbox"/>
Has responsibility for employee discipline.	<input type="checkbox"/>
Has responsibility for employee training.	<input type="checkbox"/>
Other important supervisory work (use comments below to provide detail)	<input type="checkbox"/>

3b. If the employee has supervisory authority, please specify the names and job titles of the State employees they formally supervise. If there is additional important information regarding the nature of their supervisory authority, please provide that detail below. (*Supervision does not include private contractors, vendors or consultants, seasonal workers, student workers, inmate laborers, or other types of non-State employees*).

Click or tap here to enter text.

4. Select the statement(s) that best capture the nature of the work performed by this employee. Please select all that apply:

Job is at beginning level of its type.	<input type="checkbox"/>
Job is above beginning level.	<input type="checkbox"/>
Job is at advanced level.	<input type="checkbox"/>
Job is at the highest level of its type.	<input type="checkbox"/>

Work is rather routine.	<input type="checkbox"/>
The type of work changes frequently.	<input type="checkbox"/>
The work varies only within the field.	<input type="checkbox"/>
Work variation extends to other fields.	<input type="checkbox"/>

Employee must know their own job.	<input type="checkbox"/>
Employee must know all work of unit.	<input type="checkbox"/>
Employee must know work of other units.	<input type="checkbox"/>

Employee makes routine work decisions.	<input type="checkbox"/>
Employee makes important work decisions.	<input type="checkbox"/>

By signing this classification questionnaire, I certify that I answered the above questions myself and that my answers accurately and completely describe the work this employee performs.

Direct Supervisor's Signature	Date
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SECTION IV: DEPARTMENT HEAD/MANAGER REVIEW

Note – Some departments/agencies have additional layers of supervisory review and comment in this process. For those that do, please utilize the sections below to provide feedback.

1. Comment on the employee's and supervisor's statements above. Are the statements accurate and comprehensive? Do you agree that the employee is working outside of their current job description? Why or why not?

By signing this classification questionnaire, I certify that I answered the above questions myself and that my answers accurately and completely describe the work this employee performs.

Agency Head/Manager's Signature

Date