

## PINELLAS COUNTY UNIFIED PERSONNEL SYSTEM POSITION ANALYSIS QUESTIONNAIRE (PAQ)

Introduction: The information collected by this questionnaire will be used to evaluate jobs according to four main areas: Skill, Effort, Responsibility and Working Conditions. This process will help the organization determine if jobs are classified correctly and compensated fairly and if not to identify where any discrepancies are so that the organization can address them.

The purpose of this questionnaire is to collect information about the position not to evaluate the Job Holder's individual performance. All position audits are based on the job requirements and the actual duties performed and NOT the person doing the work or their; salary, desired position, length of employment, quality of work, personality, or temporary work assignments.

Requests for position audits from either the employee or immediate supervisor may not be submitted more than once within a 12 month period.



Job Holder Instructions: Before you start, please review the [Guide for Completing the Position Analysis Questionnaire, \(PAQ\)](#). The Guide provides instructions and examples to help you answer the questions on the PAQ.



**This is the ELECTRONIC version of the PAQ to be completed on your computer.**

If you are unable to complete your PAQ on a computer please ask your supervisor to print a hard copy of the PRINTABLE version of the PAQ and write your answers clearly in print using in black or blue ink (do not use pencil). If the space provided is not sufficient, you may attach additional pages.

While completing the PAQ read each item carefully before answering it. Be sure to answer all questions completely and clearly.

After you have completed this questionnaire, **forward it electronically** to your immediate supervisor. NOTE: This Position Analysis Questionnaire (PAQ) form will not be returned to you, please save a copy for your records.

Supervisor's Instructions: **Please complete your portion of this PAQ document on your computer** rather than printing a hardcopy to write on. After the jobholder has completed this questionnaire check it to see if it has been fully completed. If any responses are incomplete return it to the job holder and instruct them to complete the missing information.

Review the responses. DO NOT CHANGE JOB HOLDER'S ANSWERS. Provide additional information in order to clarify, explain, or express your opinion about any of the employee's

responses, please do so by writing your comments in the space provided on the Supervisor's Review Section of this PAQ. When you are finished;

1. Forward a copy to your department director.
2. Email an **electronic (MS Word) format** of the original questionnaire to the Human Resources Department, Attn. Gloria Castleberry, address your email to:  
[gcastleb@pinellascounty.org](mailto:gcastleb@pinellascounty.org)

### TO BE COMPLETED BY THE JOB HOLDER

#### Identifying Information



Name: \_\_\_\_\_  
Your Current Job Title: \_\_\_\_\_  
Your Department: \_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_ Supervisor's Ph # \_\_\_\_\_

By entering my ID number I verify that I have responded to all of the questions fully and accurately.

Employee ID/Badge #: \_\_\_\_\_ Date \_\_\_\_\_

### TO BE COMPLETED IF THIS PAQ COVERS MULTIPLE JOB HOLDERS

Name: _____	Employee/Badge # _____
Name: _____	Employee/Badge # _____
Name: _____	Employee/Badge # _____
Name: _____	Employee/Badge # _____
Name: _____	Employee/Badge # _____
Name: _____	Employee/Badge # _____
Name: _____	Employee/Badge # _____
Name: _____	Employee/Badge # _____
Name: _____	Employee/Badge # _____
Name: _____	Employee/Badge # _____
Name: _____	Employee/Badge # _____
Name: _____	Employee/Badge # _____

### TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR

Please check to indicate that you have completed the following steps.

<input checked="" type="checkbox"/>	<b>Supervisor's PAQ Review &amp; Completion Check List</b>
<input type="checkbox"/>	Ensured that the incumbent responses are complete – no missing responses.
<input type="checkbox"/>	Provided additional comments/opinions to ensure accurate reflection of the job duties.
<input type="checkbox"/>	Verified and dated the space provided on this page (below).
<input type="checkbox"/>	Forwarded a copy of this PAQ to the Department Director.

Name: \_\_\_\_\_

By entering my ID number I verify that I have completed all of the supervisory responsibilities listed above.

Employee ID/Badge #: \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY HUMAN RESOURCES**

Position Control # \_\_\_\_\_ HR ID Code # \_\_\_\_\_

SAMPLE

## Section 1 - Position Summary Data

HR ID Code # \_\_\_\_\_

A. General Purpose: Think about the primary purpose of this position. Why does this job exist? What is the most important contribution your position makes to the organization? In your own words, describe the number one reason why this job exists. Keep your description brief, using only two or three sentences.

Keep your description **brief**, using only two or three sentences.

B. Significant Changes: (if any)

Briefly describe significant responsibilities that have been added to this position. If there are no changes to report please enter "N/A".

New / Additional Responsibilities
1.
2.
3.
4.

Briefly describe significant responsibilities that have been removed from this position. If there are no changes to report please enter "N/A".

Deleted/Diminished Responsibilities
1.
2.
3.
4.

### Note

You may find it easier to skip over the next item (C.) which involves a list of your 10 most important responsibilities, and come back to it later. After you have completed the other sections of the PAQ you will probably be reminded of the various responsibilities/tasks

required by your job and that should help you complete item (C.) more easily and accurately.

## Section 1 - Position Summary Data (continued)

### C. Primary Responsibilities:

Think about the Tasks/Duties that this position is responsible for. What are the desired end results to be achieved? In the following section, **briefly** describe what you do and why you do it. Base your responses on responsibilities that are usually part of this position under typical conditions, not special projects or temporary assignments.

- Describe the position responsibilities as they actually are today, not as it might be in the future.

Begin by listing your Top 10 most important responsibilities tasks/duties.

Top 10	Description of Responsibility, Task/Duty
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

## Section 2 - The Skill Criterion



### Job Knowledge Questions 1 - 4



- Please provide details on each of the knowledge/skills that were required on the first day you started working in your current job:

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- Please describe the organization-specific knowledge/skills you were required to learn after you started working in your current job:

For examples: (Refer to the list in the guide, and fully explain each item you list.)

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3. Think about tasks are you required to perform with computers. Please check/list the software applications used, and then describe some typical tasks performed. Check all that apply and add others as needed.

√	Software Applications	Typical Tasks Performed
	Outlook (email)	
	Internet Explorer (browsers)	
	OPUS (Oracle)	
	MS Word	
	MS Excel	
	MS PowerPoint	
	MS Access	
	Maximo	
	SAP	
	Others?	
	Others?	
	Others?	

4. What equipment are you required to work with? List the equipment and indicate whether you are required to operate, monitor, and/or repair it. (Select all that apply)

Equipment List	Operate	Monitor	Repair

## Communication Questions 1 - 7



1. Please describe your job-related reading requirements and give a few **examples** of the most complex items you are required to read:



2. Please describe your job-related writing requirements and give a few **examples** of the most demanding items you are required to write or compose:

3. Are you required to proofread or edit documents of any type?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If “Yes” Please check/list the items you proof for, and then describe the type of documents involved. Check all that apply and add others as needed.

✓	Proof/Edit For:	Types of Documents
	Spelling - Typos	
	Grammar	
	Flow & Readability	
	Punctuation & Mechanics	
	Style & Technically Correct	
	Others?	
	Others?	
	Others?	

4. Please describe your job-related verbal requirements and give a few examples of the most demanding things you must explain to others verbally.

5. Are you required to stand up in front of a group and make formal or informal presentations?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If presentations are required, under what circumstances, and what is the subject matter?

6. Please describe your job-related listening requirements and give **examples** of the most demanding things you must listen to and understand or comprehend:

7. Are you required to translate complex information into simple terms, e.g., plain language editing or explaining complex terminology in simple terms for users?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe and give examples.

## Analytical Skill Questions 1 - 7

1. Please describe the types of information or data you work with in your job. (if this does not apply, enter "N/A"):

2. Please describe your job-related analytical tasks you perform with the data listed in question 1 above. (if this does not apply, enter "N/A"):

3. Does the analytical process used to perform the tasks listed above involve...:

\_\_\_\_\_ Same process each time \_\_\_\_\_ Similar process each time \_\_\_\_\_ Different processes

Please explain the pattern, sequence, or steps of the analytical process used to perform the analytical tasks you listed in question 2 above.

4. Please describe the type of problems you analyze (if this does not apply, enter "N/A")

5. Please describe the types of conclusions, outcomes, or desired end results related to the problem analysis you listed in question 4 above. (if this does not apply, enter "N/A"):



6. Is the analytical process used in the problem analysis listed above involves:

\_\_\_\_\_ Same process each time    \_\_\_\_\_ Similar process each time    \_\_\_\_\_ Different processes

7. Please explain the pattern, sequence, or steps of the analytical process used in your problem analysis you listed in question 4 above.

## Physical Skill      Questions 1 - 3

1. Please review the [equipment you operate](#) listed in response to Question 4 in the Job Knowledge area of Section 2, and describe the physical operation (movement of your fingers, hands, arms, feet, legs, Etc.) you are required to perform. Indicate if you are required to maintain a certain speed or precision while performing these tasks.

2. Does your job require intricate or precision physical work (e.g. Assembly work putting parts together)?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, describe: the intricacy/precision required also indicate if you are required to maintain a certain speed

3. Describe any other requirements for physical skill not already indicated or enter "N/A".

## Section 3 – The Effort Criterion

### Concentration      Question 1

1. Use the following definitions of duration, to describe your job-related concentration tasks. For example, when do you have to engage in deep concentration? When do you have to think or listen "hard" or not? When do you NOT get a second chance if you miss something

the first time? What is it about these tasks that are mentally draining?

### Continuous Concentration - Duration Definitions

Short: (Less than 1/2 hour)    Medium: (1/2 to 2 hours)    Long: (More than 2 hours)

Note

*"Continuous" concentration means that you are required to focus and concentrate without any interruptions (phone, email, customers, coffee or bathroom breaks Etc.) without taking any type of break.*

Select a duration for each task you list

Short	Medium	Long	Tasks Requiring Continuous Concentration

## Versatility

### Questions 1 - 5



The following questions are designed to determine the type and degree of versatility/flexibility required in your job and how the roles are usually performed - one at a time or at the same time. Some examples of more than one role being performed at a time: counting and quality assurance, recording medical history and consoling customers.



1. Are you required to provide back-up for other jobs?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

If "yes", list the jobs you fill in for, how often (e.g. 1 x per month, daily, Etc.) the back-up assignment occurs and for how long (e.g. 1 hour each time, 30 minutes each time):

Describe Required Back-Up Assignments	How Often	How Long

2. The following is a list of functions that your job might require you to carry out: Please check all the functions required in your job. Check as many as appropriate.

<input type="checkbox"/> accounting for receivables	<input type="checkbox"/> dispatching	<input type="checkbox"/> payroll
<input type="checkbox"/> accounting for payables	<input type="checkbox"/> data entry	<input type="checkbox"/> planning
<input type="checkbox"/> advising	<input type="checkbox"/> delivery	<input type="checkbox"/> pricing
<input type="checkbox"/> analyzing data	<input type="checkbox"/> designing art work	<input type="checkbox"/> production control
<input type="checkbox"/> assembly	<input type="checkbox"/> editing	<input type="checkbox"/> purchasing/buying
<input type="checkbox"/> bathing animals	<input type="checkbox"/> equipment operation	<input type="checkbox"/> quality assurance
<input type="checkbox"/> benefits administration	<input type="checkbox"/> estimating	<input type="checkbox"/> receiving

<input type="checkbox"/> billing	<input type="checkbox"/> expediting	<input type="checkbox"/> reception/switchboard
<input type="checkbox"/> bookkeeping	<input type="checkbox"/> facilitating	<input type="checkbox"/> refunds
<input type="checkbox"/> carpentry	<input type="checkbox"/> filing	<input type="checkbox"/> researching
<input type="checkbox"/> cataloguing	<input type="checkbox"/> health and safety	<input type="checkbox"/> reservations
<input type="checkbox"/> cleaning	<input type="checkbox"/> information gathering	<input type="checkbox"/> sales
<input type="checkbox"/> clerical	<input type="checkbox"/> information systems	<input type="checkbox"/> scheduling
<input type="checkbox"/> collections	<input type="checkbox"/> inspecting	<input type="checkbox"/> secretarial
<input type="checkbox"/> comforting	<input type="checkbox"/> inventory control	<input type="checkbox"/> security
<input type="checkbox"/> computer operations	<input type="checkbox"/> investigating	<input type="checkbox"/> shipping
<input type="checkbox"/> consulting with others	<input type="checkbox"/> loading/unloading	<input type="checkbox"/> storing
<input type="checkbox"/> consumer relations	<input type="checkbox"/> locating lost items	<input type="checkbox"/> surveying
<input type="checkbox"/> coordinating the work of others	<input type="checkbox"/> machine maintenance	<input type="checkbox"/> teaching
<input type="checkbox"/> coordinating meetings	<input type="checkbox"/> material handling	<input type="checkbox"/> testifying
<input type="checkbox"/> coordinating travel	<input type="checkbox"/> mediating	<input type="checkbox"/> ticketing
<input type="checkbox"/> cost accounting	<input type="checkbox"/> monitoring	<input type="checkbox"/> training
<input type="checkbox"/> counseling	<input type="checkbox"/> navigating	<input type="checkbox"/> transporting
<input type="checkbox"/> credit analysis	<input type="checkbox"/> negotiating	<input type="checkbox"/> weighing
<input type="checkbox"/> customer service	<input type="checkbox"/> order processing	<input type="checkbox"/> welding

3. Select only one response below to indicate how you are required to perform multiple functions

<input checked="" type="checkbox"/>	<b>Required to Perform Multiple Functions</b>
<input type="checkbox"/>	One at a time (sequentially)
<input type="checkbox"/>	At the same time (simultaneously e.g. count and check quality at the same time)
<input type="checkbox"/>	Some sequential and some simultaneous – no pattern

4. Please describe the circumstances that require you to perform the multiple functions, (if this does not apply, enter “N/A”):

5. Select only one item from the list below to indicate how the need for you to perform multiple functions changes.

<input checked="" type="checkbox"/>	<b>How do Multiple Functions Change?</b>
<input type="checkbox"/>	According to a predictable routine
<input type="checkbox"/>	Without warning
<input type="checkbox"/>	Some of each (Both of the above)

## Physical Effort

## Questions 1 - 3



The following questions are designed to determine the kinds of demands in your job which draw on physical energy.

1. In the spaces below, please note what kind of physical effort is required in your job. Check the appropriate boxes.

Work Position (Note: Percentages should add up to 100%)

Percentage	What Percentage of Your Typical Work Day is Spent:
%	Standing
%	Walking
%	Sitting

How the Work Position Feels (Note: Percentages should add up to 100%)

Percentage	What Percentage Does Your Physical Work Position Feel:
%	Comfortable
%	Awkward
%	Very Uncomfortable

Lifting Requirements - Check the appropriate boxes.

Never	Rarely	Monthly	Weekly	Daily	How Often Are You Required to Lift
					Objects under 20 pounds
					20 to 40 pounds
					41 to 60 pounds
					Over 60 pounds

Physical Movement - Check the appropriate boxes.

Never	Rarely	Monthly	Weekly	Daily	How Often Does Your Job Require;
					Bending
					Pushing and/or Pulling loads
					Reaching overhead
					Kneeling
					Crawling
					Climbing

## 2. Repetitive Movement

Does your job involve repetitive movements?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If "Yes", please describe:

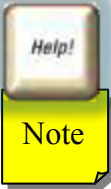
### 3. Other Physical Effort

Please describe any other job requirements that demand physical effort that were not already identified above.

## Section 4 – The Responsibility Criterion



### Financial Impact Questions 1 - 9



Many of the following questions will ask you to describe the “Probable Financial Impact” of your responsibilities

*“Probable Impact” is not the possibility that the impact might occur it is the probability or likelihood, (more often than not) that the impact will occur.*

1. Please describe: your involvement with budgets, financial records or program and project estimates

2. Please describe the financial impact related to the responsibilities you listed in Question 1, above, and indicate the impact (estimated dollar amount) of errors or mistakes:

3. Please describe your responsibilities for equipment, tools or supplies, and indicate the value of the tools, equipment or supplies for which you are responsible:

4. Please describe the financial impact related to the responsibilities you listed in Question 3, above, and indicate the impact (estimated dollar amount) of errors or mistakes:

5. Please describe your responsibilities in relation to working with or producing a product (e.g., a consumer product, speech, printed products, research report).

6. Please describe the financial impact related to the responsibilities you listed in Question 5, above, and indicate the impact of errors (estimated dollar amount) or mistakes:

7. Please describe your responsibilities related to information or data.

8. Please describe the financial impact related to the responsibilities you listed in Question 7, above, and indicate the impact of errors (estimated dollar amount) or mistakes:

9. For your job duties, indicate which of the following checks and balances are in place to ensure any errors or mistakes are prevented or detected as soon as possible: Check all that apply.

<input type="checkbox"/> reports indicate that something is wrong	<input type="checkbox"/> temperature/pressure gauges provide
<input type="checkbox"/> minimal checks & balances in place to catch	<input type="checkbox"/> schedule indicates project is behind
<input type="checkbox"/> segments of work must be approved by	<input type="checkbox"/> more than one signature required
<input type="checkbox"/> next task cannot be completed if an error	<input type="checkbox"/> must get approval for anything unusual
<input type="checkbox"/> testing to detect any problems before full run	<input type="checkbox"/> quality assurance will detect problem

☐ Other checks and balances please describe below



The following questions are designed to determine the type of interactions your job has with others and the purpose and characteristics of those interactions. This factor excludes responsibility for supervising subordinates, which is covered under another factor.



1. For your job, how important is interacting with people: (select only one response)

✓	<b>Is Interacting With People;</b>
<input type="checkbox"/>	A minor part of the job
<input type="checkbox"/>	An important part but not the main purpose of the job
<input type="checkbox"/>	The main purpose of the job

2. Using the following definitions for the nature or intensity of the interaction, list the types of people you're required to interact with and indicate the intensity level of the interactions.

### Intensity Definitions

***Routine:***  
(casual/superficial)

***Intense:*** (resistance,  
argument or negotiation)

***Mixed:***  
(or something in between)

Routine	Intense	Mixed	Individuals or Groups of People That You Interact With

### Note

*"Probable Impact" is not the possibility that the impact might occur it is the probability or likelihood, (more often than not) that the impact will occur.*

Think about the interactions you listed above. What happens if your interactions are successful or unsuccessful? Please describe the probable outcome, impact, or consequences in terms of value, time, effort, resources, or reputation gained or lost.

Individual/Group	Describe the Probable Impact or Consequences

3. Think about the type of interactions you have with the various people you listed in the questions above. In the following table list the solutions or information that you must either give to or receive from another person: Check the boxes to indicate whether you're required to give, receive or both.

Give	Receive	Information/Solution Provided or Received During Interactions

## Leading Others

## Questions 1 - 3



The following questions are designed to determine the degree of supervisory or leadership responsibility required by your job.



1. Does your job require you to supervise or manage anyone?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how many employees report to you directly? \_\_\_\_\_

How many employees report to you indirectly (through your **lower level** supervisors)? \_\_\_\_\_

How many different functional work units do you supervise? \_\_\_\_\_

How many levels of subordinate supervisors report to you? \_\_\_\_\_

2. If you are not a supervisor does your job require you to serve as a Lead Worker for anyone?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how many employees are you required to provide leadership to? \_\_\_\_\_

3. The following tables include examples of job requirements related to leading others. Select (check) the boxes next to the leadership responsibilities required by your position.

Note

*If your job does not require any leadership responsibilities you can skip these tables and go on to the next factor "Independence of Action".*

### Demonstrating / Monitoring

✓	Responsibility
	assigning work to others
	approving the work of others
	coaching others

✓	Responsibility
	delivering safety training
	orienting new employees
	monitoring safety procedures



	interviewing job applicants
	delivering training

	monitoring others performance
	reviewing job applications

### Determining

✓	<b>Responsibility</b>
	approving leave requests (OPUS)
	conduct performance evaluations
	counseling employees (disciplinary)
	designing training programs
	determine staff training needs
	developing safety rules/standards

✓	<b>Responsibility</b>
	disciplining employees
	recommending who to hire
	approve timecards (OPUS)
	setting standards for quality
	setting work requirements
	setting work schedules

### Managing

✓	<b>Responsibility</b>
	determining job requirements
	determining new hire's salary
	manage two or more functions/units
	oversees subordinate supervisors

✓	<b>Responsibility</b>
	2nd level approver (leave requests)
	2nd level approver (timecards)
	2nd level approver (Performance Evals.)
	setting programs & standards

## Independence of Action Questions 1 - 3

The following questions are designed to determine the circumstances in your job that require independent judgment and autonomy.

1. Please describe the most important kinds of independent judgments, decisions, or choices you make without prior approval from your supervisor.

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2. Consider the rules, policies, procedures, instructions, laws, regulations, and supervisory control that restrict decisions or choices you make while working. How would you describe the amount of control that is placed on your work? Select only one answer.

✓	<b>The controls on my work are;</b>
	<i>Extensive:</i> (most work has set structure, rules and timing requirements that guide actions required.)
	<i>Moderate:</i> (some restrictions but I have control over setting priorities and pace)
	<i>Minimal:</i> (there are minimal rules/structure, I have significant control over my own work)

3. How would you describe the degree to which your job limits the need for you to decide what action to take or to decide how the work should get done? Select only one answer.

✓	<b>Limits on decisions/choices are;</b>
	<i>Extensive:</i> (work is mostly routine and predictable with little need for judgment)
	<i>Moderate:</i> (work may present some unusual circumstances that require judgment/choices)
	<i>Minimal:</i> (work presents difficult choices or unique situations that require judgment)

## Coordinating Work Question 1



The following questions are designed to determine the nature of your responsibilities for coordinating information, material, processes, projects and everything else that contributes to the flow of work.

### Note

**This does not include coordinating the work of subordinates which is measured by another factor.**



These questions are also intended to learn more about the importance or impact of your coordination efforts on other related functions or on the organization and to what extent you are held accountable for the coordination.

1. In the table below please list;

- The workflow-related elements you are responsible for coordinating
- The impact on other functions (what are the consequences if something goes wrong)
- The degree that you are held accountable (are you just following protocol or are you somewhat or fully responsible for decisions that impact the outcome)

Elements to be Coordinated	Impact on Other Functions	Your Accountability (who is held accountable?)
<b>Example:</b> I coordinate regular maintenance on mowing equipment	<b>Example:</b> If maintenance is not done, equipment becomes less reliable	<b>Example:</b> I work with others to establish the maintenance schedule

## Section 5 – The Working Conditions Criterion



### Hazards Questions 1 - 3



The following questions are designed to determine the nature and potential consequences

of the risks or hazards inherent to your job.

Use the following frequency definitions as a guide for your responses:

- Occasionally: (less than 30% of the time)
- Frequently: (30% of the time or more)

Note

*30% of your day-to-day work time would be equal to approximately; 2 ½ hours per 8 hour shift.*

1. List the hazards you encounter that may cause minor injuries requiring first aid treatment? (e.g., cuts, bruises, minor burns). Hazardous items might include: sharp tools, heavy objects, hot equipment. Indicate a frequency occasionally or frequently for each hazard. Enter “N/A” if there are no hazards.

Description of Hazard	Frequency

2. List the hazards you encounter that may cause injuries that are temporary but more serious than those noted above, (e.g., broken bones, burns, and sprains)? Hazardous items might include: machine malfunctions, very hot items or equipment. Indicate a frequency occasionally or frequently for each hazard. Enter “N/A” if there are no hazards.

Description of Hazard	Frequency

3. List the hazards you encounter that may result in long-term or permanent disabilities (e.g., loss of hearing, sight, or a limb)? Hazards might include: working with fire equipment, extremely loud noises, working at heights, and being exposed to potential danger or violence.) Indicate a frequency occasionally or frequently for each hazard. Enter “N/A” if there are no hazards.

Description of Hazard	Frequency

## Disagreeable Conditions

### Question 1

Unlike hazards, “Disagreeable Conditions” don’t cause injuries. They can range from slightly disagreeable to very disagreeable. The following questions are designed to determine the nature of the conditions under which you are required to work.

Use the following frequency definitions as a guide for your responses:

- Occasionally: (less than 30% of the time)
- Frequently: (30% of the time or more)

#### Note

*30% of your day-to-day work time would be equal to approximately; 2 ½ hours per 8 hour shift.*

1. List the disagreeable conditions in your job’s work environment. Beside each condition that you list indicate a frequency occasionally or frequently that you are exposed to them. Enter “N/A” if there are no disagreeable conditions.

Description of Disagreeable Condition	Frequency

**Additional Information:** Please use the space below to add any other information about the position that you feel is important to understanding this position’s role in the organization.

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**STOP HERE!** Save a copy and forward an electronic copy to your immediate supervisor.

## Section 6 – Supervisor’s Review & Comments

### TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR

**Work Experience:** What is the minimum amount of related work experience required for a newly hired employee to be qualified for their first day of work in this job? (Check one box)

☐ 0-6 Months
 ☐ 6 Months - 1 Year
 ☐ 1-2 Years
 ☐ 2-3 Years
 ☐ More Than 3 Years

Select One	Education: What is the <u>minimum level</u> of education required for a newly hired employee to be qualified for their first day on the job? (Check one box)
<input type="checkbox"/>	Primary—Elementary or equivalent experience.
<input type="checkbox"/>	Secondary—High School, or equivalent GED, or equivalent experience.
<input type="checkbox"/>	Vocational—Special education in job-related field such as trade, technical, secretarial or other special school or equivalent experience of one year.
<input type="checkbox"/>	Specialized education in job-related field, equivalent to 2 years of college or accredited program in a recognized trade or profession.
<input type="checkbox"/>	Journeyman level experience (4 years training) or bachelor’s degree, or equivalent job-related experience.
<input type="checkbox"/>	Mastery skills in craft or trade (6 years), or master’s degree, or equivalent job-related experience.

*Licenses, Certificates, Registrations:*

Note

*Think carefully about whether or not driving is a requirement. For example, can a person perform the job even if they don’t drive? Could they take a bus, taxi, or ride with someone else?*

Is a **license** (including a driver’s license), registration, or **certification**, required by State law or County policy to perform the job responsibilities? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please list all that are required for this position.

**SUPERVISOR'S COMMENTS:**

Please **review and comment** on the responses made by the employee. Indicate below if you agree or disagree with the employee's responses. Please **do not change any of the employees' responses**. Instead, add comments to clarify or correct any inaccuracies contained in the job holder's responses. **Your review and response to each item is required** in order to complete this important aspect of the position analysis.

Section 1	Position Summary Data		
ITEM	AGREE	DISAGREE	COMMENTS
(A) General Purpose (Page 2)			
(B) Significant Changes (Page 2)			
(C) Primary Responsibilities (Pg-3)			

Section 2	Job Knowledge		
ITEM	AGREE	DISAGREE	COMMENTS
Question 1			
Question 2			
Question 3			
Question 4			

Section 2	Communication		
ITEM	AGREE	DISAGREE	COMMENTS
Question 1			
Question 2			
Question 3			
Question 4			
Question 5			
Question 6			
Question 7			

Section 2	Analytical Skill		
ITEM	AGREE	DISAGREE	COMMENTS
Question 1			
Question 2			
Question 3			
Question 4			
Question 5			
Question 6			
Question 7			

Section 2	Physical Skill		
ITEM	AGREE	DISAGREE	COMMENTS
Question 1			
Question 2			
Question 3			

Section 3	Concentration		
ITEM	AGREE	DISAGREE	COMMENTS
Question 1			

Section 3	Versatility		
ITEM	AGREE	DISAGREE	COMMENTS
Question 1			
Question 2			
Question 3			
Question 4			
Question 5			

Section 3	Physical Effort		
ITEM	AGREE	DISAGREE	COMMENTS
Question 1			
Question 2			

Question 3			
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Section 4	Financial Impact		
ITEM	AGREE	DISAGREE	COMMENTS
Question 1			
Question 2			
Question 3			
Question 4			
Question 5			
Question 6			
Question 7			
Question 8			
Question 9			

Section 4	Interacting With People		
ITEM	AGREE	DISAGREE	COMMENTS
Question 1			
Question 2			
Question 3			

Section 4	Leading Others		
ITEM	AGREE	DISAGREE	COMMENTS
Question 1			
Question 2			
Question 3			

Section 4	Independence of Action		
ITEM	AGREE	DISAGREE	COMMENTS
Question 1			
Question 2			
Question 3			

Section 4	Coordinating Work		
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ITEM	AGREE	DISAGREE	COMMENTS
Question 1			

Section 5	Hazards		
ITEM	AGREE	DISAGREE	COMMENTS
Question 1			
Question 2			
Question 3			

Section 5	Disagreeable Conditions		
ITEM	AGREE	DISAGREE	COMMENTS
Question 1			

### Final Step:

1. Review and complete the Supervisor's Checklist on page 1.