

ULSTER COUNTY PERSONNEL DEPARTMENT

County Office Building, 244 Fair Street
 P.O. Box 1800, Kingston, NY 12402-1800
 Telephone (845) 340-3550

JOB CLASSIFICATION QUESTIONNAIRE

Current employee fills in this side of the form.
 Immediate supervisor and head of agency fill in side two.

PERSONNEL DEPT. USE ONLY Proposed JC _____

Proposed Title _____

Name	Title
Agency or Municipality	Department
Current Salary	Number of Hours Worked Per Week
How long have you worked in this position?	How long have you worked for this agency?

Names of People You Supervise	Title	Check Type of Supervision Exercised
		<input type="checkbox"/> Interviewing <input type="checkbox"/> Hiring <input type="checkbox"/> Training <input type="checkbox"/> Assigning Work <input type="checkbox"/> Discipline <input type="checkbox"/> Reviewing Work <input type="checkbox"/> Job Appraisals <input type="checkbox"/> Emp. Counseling

Names of People Who Supervise You	Title	Degree of Supervision (Direct, General etc.)

Does your job require any licenses or certifications? Yes No
 If so, what licenses or certifications? _____

Description of Job Duties: Describe your work in the space below in sufficient detail to give a clear picture of the job. Use a separate paragraph for each kind of work or major task and list more important duties first. In the right hand column estimate the average percentage of time each task takes in relationship to the entire job (should total 100%).

DUTIES - Attach a separate sheet if needed. Please do not use more than one additional sheet.	% OF TIME

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE INFORMATION I HAVE PROVIDED IS TRUE AND ACCURATE.

 Signature of Employee

 Date

JOB CLASSIFICATION QUESTIONNAIRE -- SUPERVISORY REVIEW

To Be Completed by Immediate Supervisor

Are the statements made by this employee accurate? Yes No

Please comment on the foregoing statements of employee, indicating any inaccuracies: _____

Place an 'x' mark in the box next to the statement which best describes the position occupied by this employee:

- Simple repetitive routine.
- Repetitive but involves independent decisions in individual cases.
- Involves independent decisions on order of tasks and methods used.
- Involves independent decisions as to scope and planning of projects.

How would you characterize the level of supervision exercised over this position:

direct general administrative other, please explain _____

How would you characterize the level of supervision exercised by this position over subordinate positions:

direct general administrative other, please explain _____

What training and experience (ie. high school, college, work experience, etc.) does a person in this position need? _____

What special skills (ie. stenography, wordprocessing, database maintenance, etc.) does a person in this position need? _____

Signature of Immediate Supervisor

Date

To Be Completed by Head of Agency

Please comment on the foregoing statements of employee and supervisor, indicating any inaccuracies: _____

Signature of Head of Agency

Date