

# Instructions for Job Task and Responsibility Questionnaire

## Section I

The first step in writing a position description is to record the most important tasks that you do in performing your work. Although this is a difficult assignment, you really are the best person to describe exactly what you do on your job. Please take care to describe these activities so someone who is not familiar with your work can understand your description.

When selecting the most important job duties, you should consider tasks that:

1. Are most important to your overall job performance.
2. Are most complex and difficult compared to other tasks to perform.
3. Require that you use your highest level of knowledge and skills.
4. Require considerable amounts of your time and effort.

The following pages provide a task worksheet to allow you to describe your most important job duties. You might wish to roughly list your activities on the back of this chart, and then reorganize them in an outline form.

### SAMPLE:

Receptionist:

1. Answer telephone calls
  - a. Pick up phone, identify organization by name
  - b. Transfer call to appropriate person when requested by name.
  - c. When caller doesn't request a person, interpret caller needs and route call to appropriate person/department.

Do not be surprised if you end up with as many as 30-40 task statements. The goal is to provide the Job Analyst with a brief, yet detailed, understanding of the duties you perform on the job.

Each of the following four categories should be filled in whenever possible for each task so your job duties and the level of knowledge required to perform them can be clearly understood by the Job Analyst:

1. Rank order of tasks.  
Please rank the importance of each task to your overall job performance.
2. What do you do and to what do you do this?  
This asks for a brief statement, identified by number, such as record dictation, prepare annual report, write parking tickets, issue building permits, etc. Please number tasks from most important to least important.
3. How do you perform this task?  
This describes what tools, equipment, work aids, etc. you might need to know how to use to do each task.
4. What information or facts do you need to know to do this specific task?  
For example: State laws relating to \_\_\_\_\_, department procedures on handling \_\_\_\_\_, how to operate \_\_\_\_\_ machines, equipment, etc.
5. Estimate how frequently you do each task with a letter.  
D – Daily      W – Weekly      M – Monthly      Q – Quarterly      A – Annually





## Instructions for Section II

### Factor Statement Questionnaire

Section II contains questions on various aspects of your work that relate to the tasks listed in Section I. The answers and examples you provide in this section will provide the Job Analyst with a better understanding of your overall job duties in each of these areas, and improve the accuracy of your position description.

Some of these questions refer directly to your job duties from Section I. Others ask your opinion on additional factors that are important in evaluating your job. Please answer them to the best of your ability according to your experience in performing the tasks described in Section I of this questionnaire.

Once again, there are no “correct” responses, so please answer every question. The goal is to provide a detailed description of the work that you do.

#### I. Training and Experience Required

- a. Permits and Certificates Required. Please list any licenses, registrations, or permits required to legally perform your job (i.e., driver’s license, nursing registration, sewage treatment plan operator’s license, etc.)

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- b. What is the minimum acceptable level of formal education you believe that an average employee should have to learn to perform your job within a reasonable “break-in” period (i.e., none, eighth grade, high school or college.)

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- c. If someone had an acceptable level of formal education, how much and what kind of prior work experience should an average employee have to learn to perform your job within a reasonable “break-in” period?

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- d. List any special courses or occupational training programs that would be directly related to your work assignments (i.e., courses in accounting, finance, an automotive mechanic apprenticeship, seminars in property appraisal, etc.)

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## 2. Problem Solving on the Job

Every job has some decision and problem solving responsibilities. Consider your typical daily activities, and also the more unusual or difficult situations.

- a. Are all of your duties performed according to standard operating procedures, established policy and/or public laws and regulations?

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

If you answered "no," proceed to parts b and c.

- b. What types of unusual or difficult work situations do you encounter that are not covered by established procedures and regulations?

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- c. Do you refer these situations to your supervisor for advice or instructions, or do you have full or limited authority to decide what should be done? Please explain.

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## 3. Scope and Effect of the Work Performed

- a. What is the purpose of the work you do for your department / this agency?

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- b. Who or what benefits from your work performed well and in what way?

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- c. What would be the extreme consequences of your work being performed incorrectly? What physical or financial harm could result to equipment or people?

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#### 4. Contact With Others

Please consider face-to-face, radio or telephone contacts in your work relationships, not including those with supervisors or subordinates.

a. Indicate by group(s) of people with whom you have contact while performing your work duties, by checking the appropriate line.

- 1. \_\_\_\_\_ Employees in your department
- 2. \_\_\_\_\_ Employees in other departments
- 3. \_\_\_\_\_ Department heads
- 4. \_\_\_\_\_ General public
- 5. \_\_\_\_\_ Professional people

b. What is the purpose, goal or objective of your interactions with these people as you perform your work? (Numbers correspond to employee groups above.)

1. Employees in your department

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2. Employees in other departments

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3. Department Heads

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4. General public

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5. Professional people

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#### 5. Supervision Received

a. Briefly describe how your work assignments are made (i.e., by public requests, over the telephone, through written instructions, in weekly meetings with a supervisor, etc.)

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b. How is your work checked? (i.e., it is checked in process, upon completion, and/or through the review of reports.)

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c. What types of problems do you take to your supervisor for advice or assistance?

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d. How are procedures, priorities and deadlines set?

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## I. Supervision Given

a. Do you supervise or assign work to others? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please continue to part b.

b. Please list job titles and indicate number of people supervised for each title.

<u>Job Titles</u>	<u>No. of People</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

c. Do your supervisory responsibilities include:

- |   |           |          |
|---|-----------|----------|
| 1. Participation in hiring of subordinates                                | Yes _____ | No _____ |
| 2. Training new employees   | Yes _____ | No _____ |
| 3. Assigning work and setting priorities                                  | Yes _____ | No _____ |
| 4. Checking work in process and/or upon completion                        | Yes _____ | No _____ |
| 5. Evaluating job performance   | Yes _____ | No _____ |
| 6. Recommending or participating in the disciplinary or grievance process | Yes _____ | No _____ |

## 7. Physical Demands

In the chart on the next page, please list the physical/visual/mental exertion required and how often it occurs. Consider such things as walking, pushing, lifting, reading, running, examining and closely inspecting.

Physical/Mental Exertion	Example of a work task that requires this effort	R - Rarely O - Occasionally F - Frequently	Physical/Mental Abilities necessary to perform this work

**8. Work Environment**

a. Is there anything hazardous or dangerous about your job? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain the risks and discomforts of your work environment

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b. Does your work require that you take special precautions, or use safety equipment, to avoid harm?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee's Signature \_\_\_\_\_ Date: \_\_\_\_\_



## SUPERVISOR'S QUESTIONNAIRE

I, \_\_\_\_\_, have reviewed the position description questionnaire for \_\_\_\_\_,

and my findings are as follows:

### Section I. Job Task and Responsibility Questionnaire

\_\_\_\_\_ I find this to be an accurate summary of the tasks assigned to this position.

\_\_\_\_\_ I find that the following changes should be made to describe the tasks of this position.

### Section II. Factor Statement Questionnaire

#### I. Training and Experience Required

\_\_\_\_\_ I find this to be an accurate summary of the training and experience required to perform this work.

\_\_\_\_\_ I find that the following changes should be made to describe the level of training and experience required for this position.

#### 2. Problem Solving on the Job

\_\_\_\_\_ I find this to be an accurate description of the problem solving responsibilities and authority of this position.

\_\_\_\_\_ I find that the following changes should be made to describe the problem solving responsibilities and authority of this position.

#### 3. Scope and Effect of the Work Performed.

\_\_\_\_\_ I find this to be an accurate description of the scope and effect of the work performed by this position.

\_\_\_\_\_ I find that the following changes should be made to describe the scope and effect of the work performed by this position.

4. Contact With Others

\_\_\_\_\_ I find this to be an accurate summary of the type of personal contacts made in this position.

\_\_\_\_\_ I find that the following changes should be made to describe the type of personal contacts made in this position.

5. Supervision Received

\_\_\_\_\_ I find this to be an accurate description of the supervision received by this position.

\_\_\_\_\_ I find that the following changes should be made to describe the supervision received by this position.

6. Supervision Given

\_\_\_\_\_ I find this to be an accurate description of the supervision exercised by this position.

\_\_\_\_\_ I find that the following changes should be made to describe the supervisory responsibilities of this position.

7. Physical Demands

\_\_\_\_\_ I find this to be an accurate description of the physical/visual/mental demands of this position.

\_\_\_\_\_ I find that the following changes should be made to describe the physical/visual/mental demands of this position.

8. Work Environment

\_\_\_\_\_ I find this to be an accurate description of the hazards and dangers entailed in this type of work.

\_\_\_\_\_ I find that the following changes should be made to describe the hazards and dangers in this type of work.

Supervisor's Signature \_\_\_\_\_ Date: \_\_\_\_\_