

**DIVISION OF HUMAN RESOURCES
ANNE ARUNDEL COUNTY PUBLIC SCHOOLS
Annapolis, Maryland**

JOB DESCRIPTION QUESTIONNAIRE

LAST NAME	FIRST NAME	MIDDLE INITIAL
Present Title of Position	Length of Time in Present Position	__ 10-month position __ 12-month position
Division/Department	Work Location (office, school)	Telephone #
Name of Supervisor	Title of Supervisor	

GENERAL INSTRUCTIONS TO EMPLOYEE

You are being asked to complete this questionnaire in order to provide a full and complete summary of the types of duties and level of responsibilities assigned to your particular position.

This description will be the basis for an analysis of the work of your position to classify your job and to determine your pay grade. It is important that you answer all questions accurately, carefully and in your own words.

Read these instructions and all sections of the questionnaire in order to have a general understanding of what is expected. Then, proceed to fill out each section following the applicable instructions. If the meaning of a question is not clear, consult your supervisor or contact the Division of Human Resources. This questionnaire will **NOT** be used to evaluate your work performance or qualifications.

Your description will be reviewed by your supervisor and department head. In the sections provided for their use, they may add any comments they feel necessary to complete or supplement the information you have given.

Please **TYPE** your answers on the questionnaire provided. If you need additional space, attach extra pages. A computer disc is available from the Division of Human Resources if you want to complete the form on a personal computer.

PART I

A. **NATURE AND PURPOSE OF WORK** - State your position's basic function in one or two sentences. Indicate how your position fits in with other positions in the organization. This statement should be a general summary of the purpose and responsibilities of your position.

B. **DESCRIPTION OF DUTIES:** Describe below the work that you do daily or weekly. Make your description definite enough and clear enough that persons who are not familiar with your work will understand exactly what you do. Number each duty, starting with those you consider most important and take up the most time, and finish with those more routine or occasional in nature. In the column on the right, indicate the most appropriate percent of your total working time that is spent on each of the duties that you have listed. The total percent of time should add up to 100%.

No.	Description of Duties	% of Time

Periodic Duties: List duties performed (monthly, quarterly, annually). For each duty indicate when the work is performed and the approximate number of hours spent on it.

WHEN PERFORMED	HOURS SPENT	DUTIES

C. KNOWLEDGE REQUIRED BY THE POSITION: List basic knowledge required to perform duties listed in Part B above. (Knowledge is what one needs to understand in order to do acceptable work, i.e., the procedures, rules, forms, practices, theories, or methodology, etc. For example, knowledge of accounting principles, knowledge of library cataloging, knowledge of automotive fuel systems, etc.) Knowledge may be acquired through formal education, self-study or experience.

D. USE OF MACHINES OR EQUIPMENT: Please list what office machines, hand tools or equipment you use regularly in your work. Give approximate hours per week that you spend in the operation of each.

Machine/Equipment	# Of Hours	Machine/Equipment	# of Hours

E. What licenses or certificates are required to perform your work?

F. SUPERVISORY CONTROLS: Who gives you assignments? What instruction do you receive before and during performance of assignments?

How is your work checked/reviewed? By whom? When?

How much discretion do you have to perform your job functions without receiving approval from your supervisor? Explain.

G. COMPLEXITY: What are the most difficult or complex tasks you perform? Why?

J. ENVIRONMENTAL DEMANDS: Describe the normal or usual conditions where your work is performed by indicating the percentage of as many of the following as apply:

PERCENT

_____ Work is performed in an office, library or computer room

_____ Work is performed in a very noisy place

_____ Work exposes me to contagious or infectious diseases or irritating chemicals

_____ Work is performed outdoors and occasionally in cold or inclement weather

_____ Work is performed in a stockroom or warehouse

PERCENT

_____ Work exposes me to much dust, dirt, grease, etc.

_____ Work exposes me to machinery and its moving parts

_____ Work requires use of protective devices such as masks, goggles, gloves, etc.

_____ Other (specify)

K. POLICIES AND PROCEDURES: Describe the established policies and procedures that guide your work efforts and the role you plan, if any, in recommending or establishing policies and procedures.

L. Describe the **timelines** you are required to meet in order to accomplish your work in a timely manner. Consider short-term assignments and long-term assignments.

M. If you fail to perform your job properly, what negative consequences will occur?

ADDITIONAL FACTS: Provide any additional information about your duties, responsibilities, or qualifications requirements which you consider to be important, but which has not been previously mentioned.

EMPLOYEE CERTIFICATION

The above statements are accurate and complete to the best of my knowledge.

Signature

Date

PART II

SUPERVISORY DUTIES

(To be filled out only by employees with supervisory responsibilities)

List the names and titles of persons you supervise.

NAMES	Job Titles

SUPERVISION OVER THE EMPLOYEE'S WORK

A. What is the nature of the standing or continuing instructions you have given the employee regarding these tasks? (check one)

- The instructions are detailed and specific, cover all aspects of the work.
- The instructions are somewhat general; many aspects of the work are covered specifically, but the employee must also use some judgment.
- The instructions are very general. The employee must use much judgment.
- Other (Describe fully)

B. What is the nature of the instructions you give when assigning new or one-time tasks? (check one)

- Detailed and specific covering all aspects of the work.
- Somewhat general, covering many aspects of the work but requiring the employee to use some judgment.
- Very general, requiring the employee to use much judgment
- Other (describe fully)



C. When do you give instructions or directions for doing the duties you list in B above? (check one)

- Before the duty is started.
- Both before start of the duty and during performance of the duty.
- I require the employee to decide how to do the work and ask questions only if a problem arises on which assistance is needed.
- Other (describe fully)

D. How do you (or another employee) review the employee's work? (Check all that apply)

- Spot checks of the work in progress
- Spot checks of completed work.
- A review of most or all of the work while it is being done.
- A review of most or all completed work.
- Other (Describe fully)

E. When you review the employee's work, is the purpose of the review for (check all that apply):

- Compliance with detailed, specific instructions.
- Compliance with procedures that are to be used.
- Accuracy of the work
- Nature and propriety of the final results of the work.
- Compliance of the work with unit and AACPS policies.
- Other (Describe fully)

PART III

STATEMENT OF IMMEDIATE SUPERVISOR

- State the nature and purpose of work of this position.

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

- Comment on the statements of the employee. Indicate any exceptions or additions.

- Indicate below the qualifications which you think are necessary to perform this work. Please keep in mind the actual requirements needed to perform the duties of this position rather than the background of the person presently occupying the position.

REQUIREMENTS	MINIMUM QUALIFICATIONS	ADDITIONAL DESIRABLE QUALIFICATIONS
Education, General		
Education, Special or Professional		
Licenses, Certificates, or registration Requirements		
Special knowledges, skills or abilities		
Other requirements		

Immediate Supervisor's Signature

Date



PART IV

STATEMENT OF DIVISION OR UNIT MANAGER

Comment on the previous statements of employee **and** supervisor.

Department Head's Signature

Date
