

Department of Human Resources
Quality • Diversity • Passion • Commitment

JOB QUESTIONNAIRE (JQ)

Part I – To Be Completed by Employee	
1. Employee Name	Employee's Wise # (Required)
Office Phone Number	Official Title and Grade (Required)
Department/Division	Working Title (If Different)
Unit/Division	Name and Title of Immediate Supervisor
Work Location	How long have you held this job?
Do you work: _____ 10 Months _____ 12 Months _____ Other (Describe) _____	
Normal Work Hours: a.m. a.m. p.m. until p.m.	Number of hours worked: _____ per day _____ per week
2. General Responsibilities: Summarize the general responsibilities and the nature of the work that you, and persons you supervise, perform. <i>(Please note that your detailed duties will be requested under Section 4.)</i>	
Main purpose for having the job <i>(one or two sentences):</i>	
3. What is the most complicated and difficult part of your work? Please explain.	

JOB QUESTIONNAIRE – Part I – Continued

4. Description of Duties: List the duties that you perform in detail. Indicate an approximate percentage of your time devoted to duties over a period of time **for a total of 100%** (a day, a week, a month, a year). Begin each statement with a verb (e.g., Analyzes, Approves, Assigns, Checks, Codes, Files, Proofreads, Recommends, Repairs, Reviews, Routes, Sorts, Trains, Verifies, and so forth).

Duty 1.	Percentage
Duty 2.	Percentage
Duty 3.	Percentage
Duty 4.	Percentage

5. A. Impact: A. Describe how the work you do helps your organization (division, department, etc.). In what ways can your work performance improve operation, for example, increase effectiveness of services, reduce or control costs, or prevent losses?

B. What kind of errors or mistakes can occur in your job?

C. What are the probable results of such errors or mistakes?

D. How are such errors or mistakes prevented or corrected (e.g., review by supervisor)? Are there written guidelines or rules you are required to follow in these areas?

6. Relationships: List below the working titles of people or groups (e.g., boards, commissions, committees) inside or outside the organization that you regularly contact as part of your job. Do not include your supervisor and employees you may supervise.

Regular Dealings With:	Purpose:	Frequency:

JOB QUESTIONNAIRE – Part I – Continued

7. Supervisory Responsibility: List class titles of employees you directly and evaluate. Distinguish between FT (full-time) and PT (part-time), including trainees, temporary and seasonal employees, and volunteers.

Class Title	Number	Class Title	Number

8. Working Conditions: Describe any dangerous conditions, unusual physical demands, and/or unpleasant working conditions connected with your position and how these affect you.

9. Physical Requirements: Indicate any physical requirements of the job, such as significant and unusual walking, lifting, climbing, bending, kneeling, stooping, crawling, reaching, handling, standing, pushing, and pulling (specify pounds lifted).

10. Machines, Hardware/Software Tools, Chemicals and Equipment Used: List the types or names of the items and indicate percent of time spent on each. Percents need not total 100. Check items for which you are assigned maintenance responsibility.

Type/Name:	Percent of time:	Responsible for maintenance (yes or no)

11. Comments: List any information that you feel would be helpful in understanding and evaluating your job. Use extra sheets, if necessary, but be sure to write your name on the sheets and staple them to the questionnaire.

DO NOT complete Part II. Please sign this form and forward the entire packet to your supervisor for review and completion.

Signature _____ Date _____

PART II – To Be Completed By Employee’s Supervisor

COMPLETION INSTRUCTIONS

This section is to be completed by the immediate supervisor. It should contain the best estimate of the minimum amount of knowledge, training, experience, and special abilities needed to qualify a person to fill a position. This estimate should be made by considering what qualifications would be the minimum acceptable for satisfactory performance **if the position were vacant and it were necessary to select an individual to fill it.**

A. MINIMUM GENERAL EDUCATION

Indicate the level of education that a person would be expected to have in order to qualify for the position (that is, performance on the first day of work). This education can be acquired through home study, special courses or in ways other than the usual academic process. The level required, however, should be expressed in terms of years of academic study and degree in order to provide a uniform basis for analysis. (If education beyond the minimum required is considered desirable but not essential, enter the additional amount but indicate that is not part of the basic requirement).

B. SPECIALIZED TRAINING, LICENSES, OR CERTIFICATES

Identify required special courses during formal education, and additional specialized training, that are considered essential to qualify for the position. Also, identify any special licenses (operator, chauffeur, and so forth) or certificates **required** for the position.

C. MINIMUM PREVIOUS WORK EXPERIENCE

Identify the occupations or fields of specialization in which experience, if any, is needed in order to qualify an individual for the position. Also, enter the minimum desirable amount of such experience, expressed in years.

D. TYPICAL LINE OF PROGRESSION

Indicate the positions that normally would have been held before promotion to this position.

E. PHYSICAL REQUIREMENTS

Your employees were asked on Page 3 to indicate any special requirements of the position, such as significant and unusual walking, lifting, climbing, carrying, bending, kneeling, crawling, reaching, and handling, sitting, standing, pushing, and pulling. Please confirm that these are physical requirements to perform the essential duties of the employee’s position. Please list any additional physical requirements that the employee did not mention on Page 3. Please indicate, if possible, the frequency of physical demands and the amount of weight lifted.

F. SUPERVISOR’S COMMENTS (required)

Upon completion of the “qualifications” section of the questionnaire, add additional information considered pertinent and any exceptions to the statement made by the employee. Please indicate any duties (highlight or mark) listed on Page 2 that you do not consider essential to the employee’s job performance. The statements as entered are not to be altered.

PART II – To Be Completed By Employee’s Supervisor (Required)

Qualifications Required: Base your comments on the assumption that the job is vacant and it is necessary to select an individual to fill it.

A. Minimum Education Requirements:

B. Specialized Training Programs, Licenses, and Certificates (*required and/or preferred*):

C. Minimum Previous Work Experience:

Kind of Experience	Number of Years

D. Typical Line of Progression:

Prior Positions	Number of Years

E. Physical Requirements:

F. Supervisor’s Comments (required): Please keep responses relevant to the position and not the employee.

Supervisor’s Signature: _____ **Date:** _____

Supervisor’s Title: _____

PART III – To Be Completed By Principal/Department Head

This section is to be completed by the principal/department head. Justification for supporting or not supporting the request for reclassification is required in the comments section.

If the principal/department head does not recommend approval of the request, he/she will notify the employee in writing, with the JQ attached. (VBCPS Regulation Reference: 2-50.1, Section E).

A reclassification request supported by the principal/department head **must** have the approval signature of the Assistant Superintendent for the department.

Check one:

- I do not support this request for reclassification** *(Please return the packet to the employee with an explanation.)*
- I support this request for reclassification**
If you support this reclassification, what grade and/or job do you recommend the position be reclassified to? _____

Principal/Department Head Justification/Comments (required): *(Please keep responses relevant to the duties and responsibilities associated with the job and not the employee.)*

Principal/Department Head Signature: _____ **Date:** _____

Principal/Department Head Name (printed): _____

Principal/Department Head Title: _____

*The Assistant Superintendent's signature of approval is **required** for all recommendations for reclassifications by the principal/department head before submitting the packet to the Department of Human Resources.*

Assistant Superintendent Signature _____ **Date:** _____

Printed Name _____

Assistant Superintendent Title: _____