



# COUNTY OF HUMBOLDT

## HUMAN RESOURCES

825 5th Street, Eureka, CA 95501

Personnel Services (Suite 100) Main Line: (707) 476-2349

Risk Management Services (Suite 131) Main Line: (707) 268-3669

DEI & Organizational Development (Suite 131) Main Line: (707) 476-2423

## INSTRUCTIONS

The purpose of this questionnaire is to provide a complete description of your current assigned duties. Should you be promoted, transferred, etc., this questionnaire should describe the work your replacement would be expected to perform. This questionnaire is NOT a statement of your personal qualifications, NOT a measure of your individual competency, NOT concerned with the amount or quality of your work, and NOT used for determining the number of positions needed.

In answering the questions, please be accurate and thorough. Also:

- Read all of the questions and instructions before beginning.
- If possible, allow more than one session for completing the questionnaire. You may wish to respond to some questions first, then put it aside and return to it later.
- Do not use terms or abbreviations without writing out what they stand for, such as FMLA = Family Medical Leave Act.
- If you need more space to answer any of the questions, you may add pages to the end of this questionnaire.
- If a question does not apply to your job, please write "N/A" in the blank space.
- You will have the opportunity to be interviewed regarding your position.

When you have completed the questionnaire, please email the form to Human Resources.

<b>Name:</b>	<b>Current Classification Title:</b>
<b>Phone Number:</b>	<b>Department:</b>
<b>Email Address:</b>	<b>Division:</b>
<b>Work Location:</b>	<b>Supervisor's Name and Title:</b>
<b>Work Hours:</b>	<b>Supervisor's Phone Number:</b>
<b>Time in Current Position:</b>	<b>Supervisor's Email Address:</b>

## EMPLOYEE'S STATEMENT

1. **Job Summary:** In three to five sentences, briefly describe the **major** purpose(s) and/or function(s) of your job.

## JOB FUNCTIONS

2. **Description of your work/duties:**

Briefly and accurately describe your typical job functions, starting with your most important duties, in terms that anyone reviewing this form will be able to understand. Avoid abbreviated, vague, or abstract words, such as "assists," "handles," "keeps," or "prepares," unless you describe how you assist, what you prepare, etc. Be specific. Refer to the examples of duty statements below to help you in describing your own job. Most class descriptions consist of 12-15 duty statements. (Insert lines as needed.)

### DO THIS!

- Receives, opens, time stamps, and distributes incoming mail
- Calculates, verifies, and posts billing amounts
- Maintains accurate records on the flow of input information, output records, machine operations, operator assignments, and staff time

### DON'T DO THIS

- Assists in handling mail
- Prepares final billings
- Keeps records

In the **Time** column, indicate what percentage of your overall work time you spend performing each duty, based on annual life cycle, which consists of 2080 hours. **The column total needs to add up to 100%.**

In the **Frequency** column, indicate how frequently the task occurs using the following codes:

- **SD** = Several times daily
- **D** = Daily
- **W** = Weekly
- **M** = Monthly
- **I** = Infrequently: quarterly; several times a year or less

In the **Importance** column, identify how important the duty is to your overall effectiveness, using the following codes:

- **H** = High: If this duty were removed from my job, it would have a significant impact on the nature of my job.
- **M** = Medium: If this duty were removed from my job, it would have an impact, but it would not change the nature of my job significantly.
- **L** = Low: If this duty were removed from my job, it would NOT have much impact.

Typical Functions / Duties		Time (needs to add up to 100%)	Frequency	Importance
Ex. 1	Schedules and coordinates meetings, seminars, conferences, and training session for departmental staff; acts as a meeting and/or committee secretary, including preparing agendas and informational packets, setting up meeting rooms, and taking / transcribing minutes for assigned boards and commissions.	20	D	H
Ex. 2	Monitors and controls the operation of water distribution systems, including chemical feeding equipment and utilizing the telemetry system, filtration equipment, reservoirs, and/or storage tanks.	25	SD	H
Ex. 3	Writes and reviews mitigation contract documents (plans and specifications) for site preparation, clearing and grubbing, earthwork, plant installation, erosion control, maintenance, and short-term monitoring.	5	M	M
1				
2				
3				
4				
5				
6				
7				
8				

Typical Functions / Duties		Time (needs to add up to 100%)	Frequency	Importance
9				
10				
11				
12				
13				
14				
15				

3. Which of your functions / duties do you consider to be the most complex or difficult, and why?

4. Functions / duties added to the job in the last year: List the function number from Section 2.


5. What prompted the changes in functions / duties?

**IMPACT AND SCOPE**

6. List services and/or any work products directly generated as a result of the tasks and duties you perform (e.g., policies, guidelines, budgets, reports, letters, memos, computer-generated printouts, profit and loss statements, etc.). List the receiver of each of these services/work products.

Services/Work Product(s)	Receiver(s)

7. **Boards, Commissions, and/or Standing Committees:** List Boards, Commissions, and/or Standing Committees to which you are assigned as part of the duties of your position and indicate your participatory role by checking the appropriate box.

Board / Commission / Committee	Role			
	Chair	Member	Executive Officer	Staff Support

8. **Internal contacts:** List persons within the organization, other than your direct supervisor and any direct subordinates, with whom you have regular contact while performing the duties of your position. Briefly describe the purpose for these contacts and the frequency of their occurrence.

Contact	Purpose	Frequency

**9. External contacts:** List any contacts you regularly make with persons who are external to the organization while performing the duties of your position. Describe the purpose of those contacts and the frequency of their occurrence. Use general categories; for example, list vendors as a group; do not list each vendor individually.

Contact	Purpose	Frequency

**10. Authority:** What level of authority does your position have to ensure compliance with laws, codes, and standards? Do your decisions impact workflow? For example:

- I can halt construction work if I find it out of compliance with standards.
- I issue warnings to residents.
- I arrest individuals breaking the law.

- What corrective action do you take if noncompliance or substandard conditions are detected? What options do you have? For example: After two warnings, I initiate legal action by [provide details].

--

**11. Budget:** Do you have any duties and responsibilities in the organization’s budget process (e.g., plan, model, prepare, review, monitor, approve, etc.)?

<b>YES</b>	<b>NO</b>
------------	-----------

If yes, describe your duties and responsibilities below, including any control over revenue generation or cost savings:

--

Amount of operating budget for which you are responsible, if any: \$ \_\_\_\_\_

**12. Project budgets:** Do you have any capital / project budget responsibilities (e.g., plan, prepare, monitor, approve, etc.)?

<b>YES</b>	<b>NO</b>
------------	-----------

If yes, please list the project and describe your role/duties and size of budget:

Name of Project	Your Role/Duties	Project \$ Amount

## SUPERVISION / DIRECTION

**13. Supervision / Direction received:** Please select **one** of the following that best describes the type and amount of supervision your position receives. This question does not refer to an annual performance appraisal. Rather, think in terms of how frequently you discuss your assignments with your supervisor, how errors might be discovered, when and how frequently your day-to-day work is reviewed, and related mechanisms by which guidance is given.

	My supervisor frequently checks my job activities.
	I work alone on routine or regular work assignments and check with my supervisor on non-routine assignments or when in doubt as to the correct procedures to follow.
	I receive occasional supervision while working toward a definite objective that requires use of a wide range of procedures. I plan, and/or determine specific procedures or equipment required to meet assigned objectives, and I solve non-routine problems. I refer only unusual matters to my supervisor.
	I work from broad policies and towards general objectives. I refer specific matters to superior(s) only when interpretation or clarification of organizational policies is necessary.

From whom do you receive work assignments?

_____	_____
Name	Title
_____	_____
Name	Title

How are your work priorities set (by you, by your supervisor, standard procedures, etc.)?

How frequently do you meet with your supervisor (or others) to receive work direction?

How is your work checked in order to discover/eliminate errors?



**14. Supervision / direction given:** Do you directly supervise employees (formal authority to hire, fire, assign, and evaluate performance)?

<b>YES</b>	<b>NO</b>
------------	-----------

Indicate the total number of employees supervised directly: \_\_\_ and indirectly: \_\_\_

**15. Supervision / direction given:** Do you perform "Lead" duties (formal authority to assign, review, and schedule)?

<b>YES</b>	<b>NO</b>
------------	-----------

**16. List the employees you directly supervise or lead (include name, classification, and status). If you supervise or lead more than ten employees, you may list only the job titles and number of people supervised:**

STATUS      **FTE = Full-Time Employee**  
                  **PT = Part-Time/Intermittent Employee**  
                  **TEMP = Temporary or Contract Employee**

Name	Job Title	Type of Supervision (direct or lead)	# of FTE	# of PT/TEMP

**17. What type of supervision/lead do you provide?** Please select all of the supervisory/lead duties you perform, the level of your authority, and indicate whether you perform this activity for employees, non-employees (e.g., volunteers), or both.

Duty	No Authority	Recommend ("Lead")	Approve ("Direct / Supervise")	Employee, Non-Employee, Both
Train others				
Hire employees				
Plan and/or schedule work for others <b>on specific projects</b>				
Plan and/or schedule work for others <b>on a daily basis</b>				
Assign or delegate work to others <b>on specific projects</b>				
Assign or delegate work to others on a daily basis				
Monitor work of others on specific projects or on a daily basis (please specify) Case assignments				
Establish rules, procedures, and/or standards				
Approve overtime and/or leave				
Evaluate performance				
Take corrective action				
Resolve complaints and/or grievances				
Other				

**PLANNING / DECISION MAKING**

**18.** If you develop or assist in developing policies or procedures for your functional area or the organization as a whole, describe this activity below:

**19.** List any formal guidelines, standards, regulations, etc., within which your job must be performed. What other types of guidance are used to aide you in the performance of your duties (desk manuals, departmental procedures, established practices, regulations, etc.)? Are there conflicting guidelines? How do you resolve such conflicts? Do guidelines change frequently? Please give an example:

**20.** Describe the kinds of decisions or problems that occur on a regular basis that you:

**a.** Approve or resolve on your own:

**b.** Refer upward to your supervisor or manager:

**MINIMUM QUALIFICATIONS**

**21. Summarize the types of knowledge and abilities your job requires.** For example, if you were recruiting to fill jobs identical to yours, what knowledge and abilities would you expect a job applicant to have to be competent on the first day on the job? This helps with determining minimum qualifications for the classification.

**a.** Knowledge of:

b. Ability to:

--

**22. Education / work experience:** Describe any education and/or previous work experience required to perform your job. For example, what type of background would you expect a successful job applicant to have?

--

**23. What licenses, registrations, or certificates are required to perform your job?**

Does the job require a CLASS C Driver’s License?

<b>YES</b>	<b>NO</b>
------------	-----------

List any other licenses or certificates required by law or your employer to perform your job.

License or Certificate	Required by:	
	Law	Employer
[For example: Typing/Keyboarding Certificate Net 35 Words Per Minute]		
[For example: High School Diploma]		

**24. Do any other employees perform duties identical or very similar to yours?** If so, list their names and job titles.

Name	Job Title	Identical or Similar?

**PHYSICAL DEMANDS AND WORKING CONDITIONS**

**25. Physical Demands:** Please review the definitions and check the box that indicates how often you perform each physical requirement that is listed.

**Select only one time category per activity.**

**FREQUENCY:** Consider the frequency in which you perform the physical requirements as part of the essential functions of your job.

Activity (Hours per day)	Never 0 Hours (0%)	Occasionally Up to 3 Hours (1% to 33%)	Frequently 3 – 6 Hours (34% to 66%)	Continuously 6 – 8+ Hours (67% to 100%)
Sitting				
Walking				
Standing				
Climbing				
Bending				
Stooping, kneeling				
Crawling				
Fine Manipulation				
Grasping				
Pushing and pulling				
Reaching				
Turning				
Uses smell to distinguish/identify odors/objects				
Uses touch to distinguish/identify objects				

**26. Environmental Conditions:** Indicate which conditions are required in the performance of your job, and describe the condition in more detail (see the example in the first row below). In the **Frequency** column, show how often you work in the environmental condition. Use these codes:

- **SD** = Several times daily
- **D** = Daily
- **W** = Weekly
- **M** = Monthly

- I = Infrequently: quarterly; several times a year or less

Required (Yes / No)	Environmental Condition	Frequency
Yes	Typical office conditions: Work indoors in a cubicle at a computer. Fluorescent lighting, general temperature around 68-72.	SD
	Work outdoors:	
	Exposure to extreme temperatures:	
	Exposure to extreme weather conditions:	
	Exposure to toxic/poisonous substances:	
	Exposure to biologic/infectious agents:	
	Exposure to dust, fumes, and/or allergens:	
	Exposure to excessive noise:	
	Exposure to unpleasant odors:	
	Exposure to vermin, insects, parasites, etc.:	
	Work near hazardous/moving equipment or machinery:	
	Work at heights:	
	Work below ground:	
	Use protective clothing, equipment, devices, and materials:	

Required (Yes / No)	Environmental Condition	Frequency
	Work with hostile, violent, and/or offensive individuals:	
	Other environmental conditions (list and explain):	

**EMPLOYEE STATEMENT CONCLUSION**

27. If there are other aspects of your job not covered in this questionnaire that are important in understanding your job content, please describe below:

I understand that by checking this box, my electronic signature below certifies that statements made by me on this questionnaire are, to the best of my knowledge, complete and accurate. **If submitting electronically, type your name below on "Name" line. No signature is needed if submitting electronically.**

**Thank you for your cooperation and time spent completing this questionnaire!**

**Please contact Human Resources if you have any questions.**

\_\_\_\_\_  
Incumbent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Work Phone Number

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Title

### IMMEDIATE SUPERVISOR'S STATEMENT

Review this employee's questionnaire carefully to see that it is accurate and complete. Then fill out Items 1-5 below. Do not fill in these items unless you supervise the employee directly. Your certification below means that you accept responsibility for the accuracy and completeness with which the entire questionnaire describes the duties and responsibility of the job. If the Employee's Statement does not express your view of the duties, responsibilities, and essential functions that you have assigned the employee, please clarify or elaborate below. Please allow your employees to review your responses if they request to see them.

There are two essential cautions you should observe:

- Under no circumstances should you change or alter the employee's entries in Employee's Statement.
- Do not make any statements or comments about the employee's work performance, competence, or qualifications. This questionnaire will be used to evaluate the duties that constitute the **position**, not the performance or qualifications of the **employee**.

1. Does the description of the job as given by the employee accurately reflect the tasks, duties, and responsibilities that are actually required of this position? If not, please clarify.

2. Do you agree with the other information given by the employee? If not, please clarify.

3. How long of an on-the-job-learning program is typically required to reach a full-range level?

4. What additional information should be considered in evaluating the appropriate classification for this position?

I understand that by checking this box, my electronic signature below certifies that statements made by me on this questionnaire are, to the best of my knowledge, complete and accurate. **If submitting electronically, type your name below on "Name" line. No signature is needed if submitting electronically.**

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Work Phone Number

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Title



**DEPARTMENT HEAD REVIEW**

Do you agree with the other information given by the employee and/or immediate supervisor? If not, please clarify:

I understand that by checking this box, my electronic signature below certifies that statements made by me on this questionnaire are, to the best of my knowledge, complete and accurate. **If submitting electronically, type your name below on "Name" line. No signature is needed if submitting electronically.**

---

Department Head's Signature

Date

---

Work Phone Number

---

Name (Please print)

---

Title