

**CITY OF ALEXANDRIA
PERSONNEL SERVICES DEPARTMENT
CLASSIFICATION & COMPENSATION DIVISION
CITY HALL
BOX # 52**

**INSTRUCTIONS FOR SUBMITTING REQUESTS FOR POSITION
CLASSIFICATION REVIEWS**

IMPORTANT - PLEASE READ

Consistent with our goal to expedite classification review requests and streamline the classification review process, we have revised the Job Analysis Questionnaire (JAQ) and instituted new procedures for submitting requests for position reviews. In addition, in support of the City's on-going efforts to protect employees from identity theft, we have eliminated social security numbers from all classification requests and on all classification documents.

A department head, or designee, must first approve a request to conduct a classification review of a position in the department. The Personnel Services Department will then accept completed JAQ's which must be accompanied by a memorandum that describes the rationale for the request, including information on what has caused the long term changes in the duties and responsibilities that are assigned to the position.

We have revised the JAQ, effective February 2003. Please be sure to use this version when requesting position reviews.

If you have any questions about the approval process for a position classification request, please contact Terrence Robinson, Division Chief of Classification & Compensation, 838-4428 or 838-4696, ext. 346.

WE STRONGLY RECOMMEND THAT YOU MAKE A COPY OF THE COMPLETED JAQ FOR YOUR OWN RECORDS, PRIOR TO SUBMISSION TO THE CLASSIFICATION AND COMPENSATION DIVISION.

INSTRUCTIONS FOR COMPLETING THE JOB ANALYSIS QUESTIONNAIRE

The purpose of this Job Analysis Questionnaire (JAQ) is to obtain information about your position. The information that you provide will be used to group your position with others which perform similar work, and to assign a grade to the job class in which your position belongs. Also, the JAQ will be used to help determine the qualifications required to perform the work that you do, and/or identify other job classes in which your position might be classified. The JAQ becomes an important position-classification record and must therefore be completed carefully.

Before answering any of the questions, read through the entire JAQ. Think about all of the things that you do in your position and try to group those things into major activities or duties. Don't hurry or you may overlook important aspects of your work. You may attach forms, work-schedules, reports, memoranda, etc., to help explain your responses.

If your position is one of several performing the same job; e.g., a police patrol officer, social worker -- your supervisor may request preparation of just one JAQ. In that case, you and the other employees doing the same work should get together to complete the JAQ. All participating employees should sign the group JAQ, indicating their agreement with the information. But, if you do not agree with the JAQ prepared by others, you may prepare your own.

After you have grouped your tasks into major activities or duties, complete Part I of the JAQ. As you proceed, follow the instructions for each item. If you have questions or need help, ask your supervisor for assistance. If you write answers in pencil or pen, make sure that they are legible. If possible, arrange to have your answers typed on the JAQ. Use the space provided for each answer and attach additional sheets, if necessary.

PART I: TO BE COMPLETED BY EMPLOYEE

Items 1 through 10: Fill in the requested identifying information. If you are unsure of the information, check with your supervisor.

Items 11 through 13: Describe the work of your position in one or two sentences and then list your duties. Begin with the most important duty that you perform, which is usually the duty you perform most often. Regular duties are those that you perform daily or weekly on a recurring basis. Occasional duties are those that you perform only a few times a year, or on an infrequent, irregular basis. **Be sure to show the percentage of time that you spend performing each duty, and ensure that the total percentage of the regular and occasional duties add up to 100%.**

Item 14: List vehicles, hand and power tools, office equipment, computer terminals, laboratory instruments, etc., that you use on the job. Use the common name for such equipment instead of manufacturers' names.

Item 15: List the knowledge, skills, and abilities that you would need to perform the duties that you have listed in Items 12 and 13.

Item 16. List those things for which you make recommendations.

Item 17: List those things for which you have final decision-making authority; i.e., no one approves before actions are taken.

Items 18 and 19: These items refer to manuals, regulations, codes, procedures, practices, standards, orders, laws and ordinances, and similar items used to guide or control the work that you do. Check with your supervisor if you are not certain about the nature and/or extent of the guidelines that cover your work. In item 19, explain whether you help to develop guideline materials, or decide which guidelines will be used in your work or in the work of others.

Items 20: Identify the duties in items 12 and 13 which you perform on your own without checking with your supervisor.

Item 21: Provide examples of matters that you would refer to your supervisor for his/her decision.

Item 22: List your personal work contacts (people you work with to get the job done) within the City government and outside of the City government. Then indicate whether those contacts are generally friendly and cooperative, or unfriendly and/or difficult. Explain those contacts which require use of exceptional skill or ability to produce the desired result.

Item 23: Indicate the kind of physical effort required in your job and frequency of its use.

Items 24 and 25: Describe any hazards to which you are exposed, and kinds of equipment that you use to guard against injury to yourself or others.

Items 26 and 27: Describe your work environment, show how much time you spend there (if more than one environment, percentages must add to 100%). Describe any disagreeable physical conditions about your work place.

Item 28: Indicate the kinds of equipment that you are required to operate and the duration of the time for any continuous operation.

Items 29 and 30: Describe your supervisory duties, identify persons whom you supervise and degree of supervisory control that you exercise over their work.

Item 31: Use this space for additional comments, or annotate attachments that you wish to submit with the JAQ. Sign and date the JAQ.

PART II: TO BE COMPLETED AND SIGNED BY THE IMMEDIATE SUPERVISOR

Items 32 through 42: Complete each of the items in Part II as instructed. If you have several positions that perform identical work, you may prepare one supervisory statement and refer to it on each of the JAQ's that are the same.

Signature, date, and printed name are mandatory. Comments are welcome and optional

PART III: TO BE COMPLETED AND SIGNED BY THE NEXT-IN-LINE SUPERVISORY OFFICIAL

Item 43: Signature, date and printed name are mandatory. Comments are welcome and optional.

PART IV: TO BE COMPLETED AND SIGNED BY THE DEPARTMENT HEAD

Item 44: Signature, date and printed name are mandatory. Comments are welcome and optional.

Job Analysis Questionnaire (JAQ)

PART I TO BE COMPLETED BY EMPLOYEE, OR SUPERVISOR, IF POSITION IS VACANT

CHECK IF NEWLY AUTHORIZED POSITION:

1. YOUR NAME: _____ WORK PHONE NUMBER: _____
(Last, First, Middle Initial)

2. OFFICIAL CLASSIFICATION TITLE OF YOUR POSITION: _____

3. WORKING TITLE: _____
(If different than official classification title)

4. TIME IN CURRENT CLASSIFICATION: _____ (Months)

5. WORK LOCATION: _____

6. DEPARTMENT: _____ DIVISION: _____
SECTION: _____ UNIT: _____

7. WEEKLY HOURS: (E.G., 35, 40, 42, 56) _____

REGULAR DAYS OFF: (DAYS OF WEEK) _____

SHIFT WORKERS ONLY: _____ DAYS OFF ARE: _____

- | | |
|---|--|
| <input type="checkbox"/> Day Shift Only | <input type="checkbox"/> Permanently Set |
| <input type="checkbox"/> Evening Shift Only | <input type="checkbox"/> Regularly Rotated |
| <input type="checkbox"/> Night Shift | |
| <input type="checkbox"/> Rotating Shift | |

8. NAME OF IMMEDIATE SUPERVISOR: _____

9. TITLE OF SUPERVISOR'S POSITION: _____
(Official Classification Title)

10. NAMES AND CLASSIFICATION TITLES OF OTHER PERSONS TO WHOM YOU REPORT OR FROM WHOM YOU RECEIVE ASSIGNMENTS: _____

11. **JOB SUMMARY STATEMENT:** Describe the nature and purpose of your work in one or two sentences.

12. **DUTIES AND RESPONSIBILITIES:** *(Regular and occasional duties must add up to 100%)*

List and number the duties you perform regularly in order of frequency. State clearly what you do and how you do it. Group related duties into separate paragraphs or sections. In the space at the left, estimate the amount of time you spend on each group of duties; show time as percentages. For example, if you work 40 hours/week and spend 20 hours on the average performing one set of duties, put 50% under "Percentage of Time Spent". If a group of duties occurs only during a particular season, please explain, including the number of weeks involved. *(Attach additional pages if necessary)*

If you lead or supervise others, check this box and be sure to complete items #32 and #33.

**Percentage of
Time Spent**

REGULAR DUTIES

_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____

13. List and number the duties you perform occasionally in order of most importance. Include temporary assignments or special projects. Indicate the percentage of time that is spent on each occasional duty.

Regular and Occasional Duties must add up to 100%

**Percentage of
Time Spent**

OCCASIONAL DUTIES

_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____

14. List any vehicles, machines, hand or power tools, office equipment, software, laboratory instruments, etc., used in performing your work. Show the amount of time spent using each of these on a daily, weekly, or monthly basis (e.g., operate a personnel computer 1 hour every day) or show as a percentage of your work time.

Machine, tools, equipment	No. of hours or % of time
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

15. List the most important knowledge, skills and abilities you need to perform the duties that you listed in items 12 and 13. Also list any licenses or certificates (e.g., R.N., driver's license, CDL, MS Excel, MS Access) required to perform your work.

16. For what work do you make recommendations (i.e., your opinion is solicited, but you do not have final authority)? To whom? Please give examples.

17. For what work do you make the final decision? Please provide examples.

18. What policies, procedures, laws, rules, standards, or trade practices do you refer to or follow in performing your work? _____

19. Do you have any responsibility for deciding what procedures, guidelines, laws, policies, rules, etc., are to be followed in your work or the work of others?

Not usually Sometimes Regularly

Please explain: _____

20. What work do you do on your own without checking with your supervisor? (Refers to work identified in items #12 and 13)

21. Please provide examples of the kinds of matters you refer to your supervisor.

22. With whom, or what organizations, do you have regular job related contacts?

INSIDE CITY GOVERNMENT

<u>Titles of persons and/or Name of organization</u>	<u>Purpose</u>	<u>How Often</u> (Daily, weekly, etc)
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OUTSIDE CITY GOVERNMENT

<u>Titles of persons and/or Name of organization</u>	<u>Purpose</u>	<u>How Often</u> (Daily, weekly, etc)
--	----------------	--

Are your contacts generally: friendly and cooperative?

unfriendly and difficult?

Please explain.

23. Indicate the physical effort required in your job. Show how often: daily, 2 to 3 times per week, 1 to 2 times per month, etc.

How Often

- Sitting at a desk or table with some walking, standing, bending or stooping, or carrying light objects _____
 - Continuous operation of a Personal Computer (PC) for long periods (e.g., over 4 hrs.) _____
 - Rapid use of arms, hands or fingers in handling or manipulating objects, or operating equipment, tools, instruments requiring fine eye-hand coordination _____
 - Repeated bending, crouching, stooping, stretching, or crawling _____
 - Grappling or fighting physically with others _____
 - Unaided lifting of objects up to:
 - 20 pounds: _____
 - 50 pounds: _____
 - 100 pounds: _____
 - over 100 pounds: _____
 - Support part of the weight of ill or infirm persons while assisting them to walk, or roll over in bed, or in other ways. _____
 - Climbing ladders or scaffolding _____
 - Other - Please describe _____
- _____
- _____

24. Describe any hazards encountered in your job and how frequently (times per week, month, or year) you are exposed to each.

25. List any safety equipment (e.g., hard hats, goggles, radiation shields) that you wear or safety precautions that you must follow.

26. Describe the surroundings in which your work is performed and state the percentage of time spent in those surroundings (e.g., 90% inside an office, 25% driving a car, 100% on a hospital ward).

<u>% of Time</u>	<u>Surroundings in which work is performed</u>
_____ %	_____
_____ %	_____
_____ %	_____
_____ %	_____

27. Describe any features in your surroundings which would generally be regarded as undesirable or unpleasant and record how often you are exposed to these undesirable or unpleasant aspects.

28. Does your work require continuous operation of a vehicle, machine or piece of equipment for long periods (e.g., over 3 hours at a time)? Please describe the machine or equipment and length of time you continuously operate it.

**ITEMS 29 & 30
TO BE COMPLETED BY EMPLOYEES WHO
SUPERVISOR OR LEAD OTHER EMPLOYEES**

29. Describe your managerial and supervisory duties which involve exercise of supervisory control over the work of others; e.g., plan and organize the work to be done, determine how the work should be assigned and make work assignments, review work in progress or on completion to assess the quality and quantity of work produced, communicate job requirements to employees and evaluate their work performance, give on-the-job training, and select or participate in selecting new employees.

30. List the employees whom you lead in the performance of their work; e.g., instructing them on the correct way to conduct work processes, monitoring work production and/or to whom you provide full supervision as described in item 29. Do not list employees supervised by your subordinate supervisors. Include interns, summer employees, students and volunteers if you are responsible for their work. Exclude contracted employees, inmates, patients, and clients.

Name	Official Classification Title
_____	_____
_____	_____
_____	_____
_____	_____

- a) Total number led or supervised directly: _____
 - b) Total number led or supervised indirectly:
(Those supervised by subordinates) _____
 - c) Total number of volunteers supervised: _____
 - d) Others (explain): _____
- Total expressed as Full-Time Equivalents:
(2080 hours = 1 FTE) _____

What percentage of time do you spend managing your department or subdivision thereof and supervising others? (Double check % of time spent managing and supervising in ITEMS 12 and 13. _____ %

31. Additional comments (information that will help to explain your job):

I hereby certify to the best of my knowledge that the information that I have provided regarding my/the position is complete and factual, and accurately describes the work.

SIGNATURE: _____ Date: _____

PRINTED NAME: _____

**PART II
TO BE COMPLETED BY YOUR
IMMEDIATE SUPERVISOR**

32. What is the most important output, product or service you expect of this position? Please explain.

33. Who or what benefits most directly from the output, product or service of this position?

34. Does this position have authority to commit the organization, or any units thereof, to a course of action? Please explain.

35. Is this position required to deal with confidential information, records or reports that are protected by law or court order?

No Yes, [list specific laws that apply]

36. List the names and official classification titles of other employees who are under your direct or indirect supervision who have the same duties and responsibilities as this position:

Name	Classification Title
<hr/>	<hr/>

37. Complete the following only if the position that's under review and described in part I of this questionnaire leads or supervises others. (See questions #29 and #30)

THE POSITION	NO	ADVISES/ RECOMMENDS	DECIDES	APPROVES
SELECTS EMPLOYEES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRANSFERS OR REASSIGNS EMPLOYEES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APPROVES EMPLOYEES' ATTENDANCE, VACATION, SICK LEAVE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COACHES, COUNSELS, OR REPRIMANDS EMPLOYEES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESOLVES GRIEVANCES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GIVES ASSIGNMENTS TO EMPLOYEES AND CHECKS THEIR WORK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INSTRUCTS EMPLOYEES IN WORK METHODS AND PROCEDURES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REVIEWS AND APPROVES EMPLOYEES' WORK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DETERMINES PRIORITIES OR SETS WORK SCHEDULES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DETERMINES OR APPROVES WORK METHODS AND PROCEDURES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PREPARES WORK PLANS OR BUDGETS AND DETERMINES REQUIREMENTS NEEDED TO GET THE WORK DONE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38. State below your best judgment of the kinds and amount of education, training, and experience a new employee should have upon initial entry into this position in order to successfully perform the job duties and responsibilities:

Education and/or training: _____

Experience: _____

Licenses, certificates, or registrations: _____

Other: _____

39. How much time does it normally take for a new employee with the above education, training and experience, to become fully proficient in the duties of the position?

40. What do you consider to be good objective measures of how well a worker performs in this position?

41. What does the employee do that contributes most to successful performance of this work?

42. Supervisor's comments and certification: Please comment on the accuracy and adequacy of the employee's statements and responses. Note any additions or exceptions. (Attach additional pages, if necessary.)

I hereby certify to the best of my knowledge that the information given by the employee(s) is correct and complete, except as noted above.

SUPERVISOR'S SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

**PART III
TO BE COMPLETED BY THE
NEXT IN LINE SUPERVISOR OR ADMINISTRATIVE OFFICIAL**

43. Comment on the accuracy and adequacy of the employee's and supervisor's statements. Note any additions or exceptions. (Attach additional pages if necessary.)

I hereby certify to the best of my knowledge that the information provided by the employee(s) is correct and complete, except as noted above.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

**PART IV
TO BE COMPLETED BY THE DEPARTMENT HEAD**

44. Comment on the above statements by the employee(s) and the supervisors. Provide any other information that you feel would be helpful in classifying this position(s).

I hereby certify to the best of my knowledge that all statements and responses made by the employee(s) and supervisor(s) on this form are accurate and complete.

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____