

POSITION CLASSIFICATION QUESTIONNAIRE

NEW JERSEY DEPARTMENT OF PERSONNEL © DIVISION OF HUMAN RESOURCE MANAGEMENT

FOR DEPARTMENT OF PERSONNEL USE

HRM
LOG NO.

IMPORTANT: Full instructions for completing this form are located on the last page. It is most important that employees and supervisors read them carefully. The form must be signed by the employee, his or her supervisor, and the Appointing Authority Representative.
INCOMPLETE REQUESTS WILL BE RETURNED.

APPOINTING AUTHORITY CONTROL NO.

CSS
REQUEST NO.

1. NAME OF EMPLOYEE (IF ANY)	2. ANNUAL SALARY (<i>Current</i>)	3. POSITION NO.	4. CODE (<i>Range and Title</i>)
5. OFFICIAL TITLE OF POSITION		6. WORKING TITLE (<i>If different</i>)	
7. LOCATION OF POSITION (<i>Geographic location, Unit, Section, Division, Institution, or Department</i>)			
7A. EMPLOYEE WORK MAILING ADDRESS			

8. WORK (DUTIES) PERFORMED - Describe in detail the work required of this position. Make descriptions so clear that persons unfamiliar with the work can understand exactly what is done. NOTE: If this is a vacant position or a new position request, the form must be completed by the supervisor of the position and certified for accuracy by the Appointing Authority Representative.

PERCENT OF TIME	WORK (DUTIES) PERFORMED	Order of Difficulty

ITEM 8 CONTINUED

PERCENT OF TIME	WORK (DUTIES) PERFORMED	Order of Difficulty

9. REGULAR SCHEDULE OF WORK HOURS			9b. EXPLAIN ROTATION OF SHIFTS, IF ANY	
DAY	FROM	TO		
Monday			10. TYPE OF WORK (Check One) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Year Round <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary <i>(If work is part time, seasonal, or temporary, indicate part of year or proportion of full time)</i>	
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				
LENGTH OF LUNCH PERIOD -----		TOTAL HOURS WORKED PER WEEK -----		

QUESTIONNAIRE CONTINUED

12. TYPE OF SUPERVISION RECEIVED (Check One — See definitions on page 4)

- CLOSE
 LIMITED
 GENERAL
 OTHER (Explain) _____

13. Does this position supervise other employees?

- YES (If yes, complete Items A thru E) NO
 A. Occasionally [or] Regularly?
 B. Responsible for the preparation of performance evaluations? YES NO
 C. Assign work? YES NO
 D. Review completed work of employees supervised? YES NO

E. List the names and titles of the employees supervised directly.

(If the employees supervised comprise one or more complete units, include the names of the units)

14. CERTIFICATION OF EMPLOYEE



I CERTIFY that I have read the instructions and the entries made above are my own and, to the best of my knowledge, are accurate and complete.

SIGNATURE DATE

15. STATEMENTS OF IMMEDIATE SUPERVISOR

A. Comments on Statements of Employee

Check here if continued on additional sheets.

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

Check here if continued on additional sheets.

C. List those knowledges and abilities necessary for standard performance of the job to be done by an incumbent of this position?

Check here if continued on additional sheets.

D. I AGREE that the duties and responsibilities of this position, as outlined above, are correct except as noted herein.

Check here if continued on additional sheets.

OFFICIAL TITLE *(Working title if different)*

SIGNATURE

DATE

I CERTIFY that this request has undergone management and fiscal review, and has been authorized by the agency.

APPOINTING AUTHORITY REPRESENTATIVE APPROVAL PHONE DATE

DO NOT WRITE BELOW • FOR DEPARTMENT OF PERSONNEL USE

