JOB EVALUATION QUESTIONNAIRE
ANSWER SHEET

DO NOT WRITE IN THIS SPACE					
N.C.	Date Received	☐ Reclass or ☐ Survey	JEQ #	Class Title	Class #
Schedule/Range/BU	Monthly Min - Max	New Probationary Period ☐ Yes ☐ No ☐ NA New Starting Date in Class (NA if Temporary Job) ☐ Yes ☐ No ☐ NA			Notice #
Effective Date	If Reclassified, is Incumbent Certifiable? ☐ Yes ☐ No		Approved For: ☐ Notice ☐ Letter		Date
Personnel Notes			Reviewed By:		

THIS FORM IS TO BE USED WITH THE JOB EVALUATION QUESTIONNAIRE (BA 802) ONLY FOR POSITIONS COVERED BY CIVIL SERVICE OF AFSCME UNIT 6 OR 7, EXCLUDING RATE ARRANGED POSITIONS.

RECLASSIFICATION REQUEST OR SURVEY:

Employee completes and forwards to supervisor for completion. Supervisor forwards to the Department Head and Dean or Vice President, for approvals, and then to the Human Resources Consultant.

Please note that reclassifications or survey requests are to be submitted ONLY when substantial changes in the assigned duties have occurred. Reclassifications/surveys SHOULD NOT be requested to:
1) reward meritorious performance; 2) Recognize increases in the volume of work assigned to a position; or 3) Address any other minor changes in assigned responsibilities.

For interpretation clarification, contact your Human Resources Consultant.

Please Type or Use Black Ink In The Completion Of This Form

COMPLETE ALL SECTIONS IN THIS SPACE					
Empl ID	Name (First) (Middle) (Last)			Phone # ( ) -	
Department/Entity	Campus Mailing Address			Fund & DeptID (Combo Code)	
Present Class Title	Class #	BU Code	Student? ☐ Yes ☐ No	Temp Position? ☐ Yes ☐ No	
Requested Class Title	Class #	BU Code	☐ Reclass ☐ Survey ☐ Vacancy	Payroll ☐ Biweekly ☐ Regular	

SUPERVISOR: Describe the major responsibilities of this position and indicate the percent of time spent on each one, or attach a current job description which includes the percent of time spent on each major responsibility.

☐ Yes ☐ No Do the current job duties require a typing speed of 50 words per minute?

☐ Yes ☐ No Do the job duties require more than 80% of the time to be spent doing word processing?

Please read the instructions on page 1 of the Job Evaluation Questionnaire thoroughly before completing this answer sheet.

SKILL

1. Skill: Working with Machines, Plants, and Animals

Description		SUPV	EMPL
	a.	☐	☐
	b.	☐	☐
	c.	☐	☐
	d.	☐	☐
	e.	☐	☐
	f.	☐	☐
	g.	☐	☐
	h.	☐	☐
	i.	☐	☐
	j.	☐	☐
	k.	☐	☐
	l.	☐	☐

2. Machine, Plants, and Animals: Unit Affected

Description		SUPV	EMPL
	a.	☐	☐
	b.	☐	☐
	c.	☐	☐
	d.	☐	☐
	e.	☐	☐
	f.	☐	☐
	g.	☐	☐
	h.	☐	☐
	i.	☐	☐
	j.	☐	☐

3. Machines, Plants, Animals: Errors

Description

	Supervisor			Employee		
a. NONE	☐			☐		
or	1	2	3	1	2	3
b. Section 1	☐	☐	☐	☐	☐	☐
Section 2	☐	☐	☐	☐	☐	☐
Section 3	☐	☐	☐	☐	☐	☐

4. Skill: Working with Data (Facts)

Description		SUPV	EMPL
	a.	☐	☐
	b.	☐	☐
	c.	☐	☐
	d.	☐	☐
	e.	☐	☐
	f.	☐	☐
	g.	☐	☐
	h.	☐	☐
	i.	☐	☐

5. Data (Facts): Unit Affected

Description		SUPV	EMPL
	a.	☐	☐
	b.	☐	☐
	c.	☐	☐
	d.	☐	☐
	e.	☐	☐
	f.	☐	☐
	g.	☐	☐
	h.	☐	☐
	i.	☐	☐
	j.	☐	☐

6. Data (Facts): Errors

Description

	Supervisor	Employee
a. NONE	☐	☐
or		
	1 2 3	1 2 3
b. Section 1	☐ ☐ ☐	☐ ☐ ☐
Section 2	☐ ☐ ☐	☐ ☐ ☐
Section 3	☐ ☐ ☐	☐ ☐ ☐

7. Skill: Working with People (Standard English)

Description		SUPV	EMPL
	a.	☐	☐
	b.	☐	☐
	c.	☐	☐
	d.	☐	☐
	e.	☐	☐
	f.	☐	☐
	g.	☐	☐
	h.	☐	☐
	i.	☐	☐
	j.	☐	☐
	k.	☐	☐

8. Skill: Writing (Standard English)

Description		SUPV	EMPL
	a.	☐	☐
	b.	☐	☐
	c.	☐	☐
	d.	☐	☐
	e.	☐	☐
	f.	☐	☐
	g.	☐	☐
	h.	☐	☐

9. Skill: Working with People (Technical Terms)

Description		SUPV	EMPL
	a.	☐	☐
	b.	☐	☐
	c.	☐	☐
	d.	☐	☐
	e.	☐	☐
	f.	☐	☐
	g.	☐	☐
	h.	☐	☐
	i.	☐	☐
	j.	☐	☐
	k.	☐	☐
	l.	☐	☐
	m.	☐	☐

10. Skill: Writing (Technical Terms)

Description		SUPV	EMPL
	a.	☐	☐
	b.	☐	☐
	c.	☐	☐
	d.	☐	☐
	e.	☐	☐
	f.	☐	☐
	g.	☐	☐
	h.	☐	☐
	i.	☐	☐

11. Contacts with People: Unit Affected

Description		SUPV	EMPL
	a.	☐	☐
	b.	☐	☐
	c.	☐	☐
	d.	☐	☐
	e.	☐	☐
	f.	☐	☐
	g.	☐	☐
	h.	☐	☐
	i.	☐	☐

12. Contacts with People: Errors

Description

	Supervisor			Employee		
	1	2	3	1	2	3
b. Section 1	☐	☐	☐	☐	☐	☐
Section 2	☐	☐	☐	☐	☐	☐
Section 3	☐	☐	☐	☐	☐	☐

KNOWLEDGE

13. Knowledge: General Information Required

Description

	SUPV	EMPL
a.	☐	☐
b.	☐	☐
c.	☐	☐
d.	☐	☐
e.	☐	☐
f.	☐	☐

14. Knowledge: On-the-job Experience

Description

	SUPV	EMPL
a.	☐	☐
b.	☐	☐
c.	☐	☐
d.	☐	☐
e.	☐	☐
f.	☐	☐
g.	☐	☐

15. Knowledge: Non-University Organization

Description

	SUPV	EMPL
a.	☐	☐
b.	☐	☐
c.	☐	☐
d.	☐	☐
e.	☐	☐
f.	☐	☐
g.	☐	☐

16. Knowledge: Continuing Education

Description

	SUPV	EMPL
a.	☐	☐
b.	☐	☐
c.	☐	☐
d.	☐	☐
e.	☐	☐

17. Knowledge: <u>One-time-only</u> Projects

Description

	SUPV	EMPL
a.	☐	☐
b.	☐	☐
c.	☐	☐
d.	☐	☐
e.	☐	☐
f.	☐	☐

INDEPENDENT JUDGEMENT

18. Independent Judgement: Procedures

Description

	SUPV	EMPL
a.	☐	☐

	b.	☐ ☐
	c.	☐ ☐
	d.	☐ ☐
	e.	☐ ☐

19. Independent Judgement: Guidelines Available

Description		SUPV	EMPL
	a.	☐	☐
	b.	☐	☐
	c.	☐	☐
	d.	☐	☐
	e.	☐	☐
	f.	☐	☐

PHYSICAL EFFORT

20. Physical Effort: Strain Body/Senses

Description		SUPV	EMPL
	a.	☐	☐
	b.	☐	☐
	c.	☐	☐
	d.	☐	☐
	e.	☐	☐
	f.	☐	☐
	g.	☐	☐

MENTAL EFFORT

21. Mental Effort: Complexity of Work

Description		SUPV	EMPL
	a.	☐	☐
	b.	☐	☐

	c.	☐ ☐
	d.	☐ ☐
	e.	☐ ☐

22. Mental Effort: Initiating/Planning

Description		SUPV	EMPL
	a.	☐	☐
	b.	☐	☐
	c.	☐	☐
	d.	☐	☐
	e.	☐	☐
	f.	☐	☐

23. Mental Effort: Problem Solving

Description		SUPV	EMPL
	a.	☐	☐
	b.	☐	☐
	c.	☐	☐
	d.	☐	☐
	e.	☐	☐

24. Problem Solving: Unit Affected

Description		SUPV	EMPL
	a.	☐	☐
	b.	☐	☐
	c.	☐	☐
	d.	☐	☐

e. ☐ ☐
f. ☐ ☐
g. ☐ ☐
h. ☐ ☐
i. ☐ ☐

25. Problem Solving: Errors

Description

	Supervisor			Employee		
	1	2	3	1	2	3
b. Section 1	☐	☐	☐	☐	☐	☐
Section 2	☐	☐	☐	☐	☐	☐
Section 3	☐	☐	☐	☐	☐	☐

RISK

26. Risk: Severity of Illness/Injury

Description

	SUPV	EMPL
a.	☐	☐
b.	☐	☐
c.	☐	☐
d.	☐	☐
e.	☐	☐
f.	☐	☐
g.	☐	☐

27. Risk: Hours Exposed/Week

Description

	SUPV	EMPL
a.	☐	☐
b.	☐	☐
c.	☐	☐
d.	☐	☐
e.	☐	☐
f.	☐	☐

28. Risk: Safety of Others

Description

	SUPV	EMPL
a.	☐	☐
b.	☐	☐
c.	☐	☐
d.	☐	☐
e.	☐	☐

29. Risk: Number of Individuals Protected

A. Directly

Describe Number

	SUPV	EMPL
a.	☐	☐
b.	☐	☐
c.	☐	☐
d.	☐	☐
e.	☐	☐

B. Indirectly

Describe Number

	SUPV	EMPL
a.	☐	☐
b.	☐	☐
c.	☐	☐
d.	☐	☐
e.	☐	☐
f.	☐	☐

30. Risk: Severity of Illness/Injury

Description

	SUPV	EMPL
a.	☐	☐
b.	☐	☐
c.	☐	☐
d.	☐	☐
e.	☐	☐
f.	☐	☐

SUPERVISION

A. Final Supervisory Authority

Description

	Supervisor		Employee	
	Yes	No	Yes	No
31. Reward	☐	☐	☐	☐
32. Discipline	☐	☐	☐	☐
33. Hire	☐	☐	☐	☐
34. Grievances	☐	☐	☐	☐
35. Evaluation	☐	☐	☐	☐

B. Authority to Recommend

Description

	Supervisor		Employee	
	Yes	No	Yes	No
36. Recommend hire	☐	☐	☐	☐
37. Recommend discipline	☐	☐	☐	☐
38. Recommend reward	☐	☐	☐	☐
39. Recommend grievances	☐	☐	☐	☐
40. Recommend evaluation	☐	☐	☐	☐

	Supervisor	Employee
41. Recommendations put into effect		
a. Almost always	☐	☐
b. Most of the time	☐	☐
c. Sometimes	☐	☐
d. Not often	☐	☐
e. Not applicable	☐	☐

C. Related Supervisory Responsibilities

Description

	Supervisor		Employee	
	Yes	No	Yes	No
42. Train	☐	☐	☐	☐
43. Teach	☐	☐	☐	☐
44. Orient	☐	☐	☐	☐
45. Evaluate/report	☐	☐	☐	☐
46. Review work	☐	☐	☐	☐
47. Assign work	☐	☐	☐	☐
48. Direct work	☐	☐	☐	☐

49. Supervision: How many people

Description

	SUPV	EMPL
a.	☐	☐
b.	☐	☐
c.	☐	☐
d.	☐	☐
e.	☐	☐

50. Supervision: Hours/Week

Description

	SUPV	EMPL
a.	☐	☐
b.	☐	☐
c.	☐	☐
d.	☐	☐
e.	☐	☐

51. Supervision: Unit Affected

Description

	SUPV	EMPL
a.	☐	☐
b.	☐	☐
c.	☐	☐
d.	☐	☐
e.	☐	☐
f.	☐	☐
g.	☐	☐

h. ☐ ☐
i. ☐ ☐
j. ☐ ☐

52. Supervision: Errors

Description

	Supervisor			Employee		
a. NONE	☐			☐		
or						
	1	2	3	1	2	3
b. Section 1	☐	☐	☐	☐	☐	☐
Section 2	☐	☐	☐	☐	☐	☐
Section 3	☐	☐	☐	☐	☐	☐

THIS QUESTIONNAIRE WILL NOT BE PROCESSED WITHOUT APPROPRIATE SIGNATURES

Employee Signature _____ Date: ___/___/_____

If there is disagreement, ☐ I have/ ☐ have not discussed my answers with the employee.

Supervisor Signature _____ Date: ___/___/_____

Please TYPE or PRINT:

Name _____

Title _____ Phone _____

Department _____

Campus Mailing Address _____

If there is disagreement, ☐ I have/ ☐ have not discussed my answers with the employee.

Department Head Signature _____ Date: ___/___/_____

Please TYPE or PRINT:

Name _____

Title _____ Phone _____

Department _____

Campus Mailing Address _____

If there is disagreement, ☐ I have/ ☐ have not discussed my answers with the employee.

Dean or Administrative Officer Signature _____ Date: ___/___/_____

Please TYPE or PRINT:

Name _____

Title _____ Phone _____

Department _____

Campus Mailing Address _____

HR Use Only: Does HR and management support the requested reclassification? ◯ Yes ◯ No

Comments: