

Job Evaluation Questionnaire

Position Title _____

Level _____

Please answer all questions.

1. Describe the major function of your job.

2. List the duties involved in your job function in order of amount of time spent on each.

3. How often does the major part of your job repeat itself?

Daily — Weekly — Monthly — Quarterly — Annually —

4. Who tells you how to do your job?

Who tells you what to do in your job?

5. Do you regularly direct the work of other people? Yes _____ No _____

How many do you direct? _____

Who? (Position titles)

6. List unusual, or hazardous working conditions in your job. How do these conditions affect your job performance?

7. Are your actions related to the safety of others? Yes _____ No _____

How? _____

8. Check the level which applies to the major duties of your job:

- _____ occasional lifting average weights (12-50 lbs)
- _____ frequent lifting average weights
- _____ occasional lifting heavy weights (over 50 lbs)
- _____ frequent lifting heavy weights
- _____ majority of time spent seated
- _____ majority of time spent on your feet

9. Check any of the following you perform and give a brief example from your major duties:

- _____ planning _____
- _____ coordinating _____
- _____ analyzing _____
- _____ compiling _____
- _____ calculating _____
- _____ comparing _____
- _____ copying _____

10. a) What kind of errors can be made in your job?

b) What is the consequence of these errors?

c) Who checks your work?

11. Describe the activities of work-required contacts as indicated in your major duties with the following (if any):

a) students

b) other staff within your department (list)

c) staff in other departments (list)

d) people outside the University

12. What amount of experience and/or training is required for this job: (circle level)

| | | | | |
|---------|---|---|---|----|
| Months: | 3 | 6 | 9 | 12 |
| Years: | 2 | 3 | 4 | 5 |

List specific skills required to do this job.

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Signature

Date