

## Job Survey Review

Employee Name:

Current Job Title:

Location:

Department:

Reports to (name and title):

Date Completed:

Position Status (check one for each line):

- Full time (30 hours or more a week)       Part time (less than 30 hours a week)
- 12 Month position       10 Month position

### JOB PURPOSE

Please write one sentence that describes the purpose of your job.

### DUTIES AND RESPONSIBILITIES

What are you counted on to do? On the following pages, please list brief statements that describe the results of your job and activities.

Although we have provided room for six functions, many jobs will have fewer. In the spaces provided on the following pages, please list the functions performed by your job, the percent of time spent on each function and prioritize the importance of each responsibility. The 5-point scale measuring the importance of each responsibility begins with "essential" and ends with "marginal." Essential functions are those that are fundamental to the job. They reflect what the job is designed to do/accomplish. Marginal responsibilities are those that are performed infrequently or those that could be performed by others without altering the underlying reason that the job exists.

**In addition, please check the function that represents the primary duty of the job. The primary duty may or may not require the most time, but represents the key reason that the job exists.**

# Job Survey Review *(continued)*

## JOB DUTY/RESPONSIBILITY SAMPLE:

**Percent of time spent on achieving result:**

 %

**Result expected of the job:**

**Priority** (check one):

- Essential
- Very Important
- Important
- Somewhat Important
- Marginal

**Activities to achieve the result:**

**Primary Duty**

*Is this the key reason the job exists?*

- Yes
- No

## JOB DUTY/RESPONSIBILITY 1:

**Percent of time spent on achieving result:**

 %

**Result expected of the job:**

**Priority** (check one):

- Essential
- Very Important
- Important
- Somewhat Important
- Marginal

**Activities to achieve the result:**

**Primary Duty**

*Is this the key reason the job exists?*

- Yes
- No

## JOB DUTY/RESPONSIBILITY 2:

**Percent of time spent on achieving result:**

 %

**Result expected of the job:**

**Priority** (check one):

- Essential
- Very Important
- Important
- Somewhat Important
- Marginal

**Activities to achieve the result:**

**Primary Duty**

*Is this the key reason the job exists?*

- Yes
- No

# Job Survey Review *(continued)*

## JOB DUTY/RESPONSIBILITY 3:

**Percent of time spent on achieving result:**

 %

**Priority** (check one):

- Essential
- Very Important
- Important
- Somewhat Important
- Marginal

**Primary Duty**

*Is this the key reason the job exists?*

- Yes
- No

**Result expected of the job:**

**Activities to achieve the result:**

## JOB DUTY/RESPONSIBILITY 4:

**Percent of time spent on achieving result:**

 %

**Priority** (check one):

- Essential
- Very Important
- Important
- Somewhat Important
- Marginal

**Primary Duty**

*Is this the key reason the job exists?*

- Yes
- No

**Result expected of the job:**

**Activities to achieve the result:**

## JOB DUTY/RESPONSIBILITY 5:

**Percent of time spent on achieving result:**

 %

**Priority** (check one):

- Essential
- Very Important
- Important
- Somewhat Important
- Marginal

**Primary Duty**

*Is this the key reason the job exists?*

- Yes
- No

**Result expected of the job:**

**Activities to achieve the result:**

# Job Survey Review *(continued)*

## JOB DUTY/RESPONSIBILITY 6:

Percent of time spent on achieving result:

 %

Priority (check one):

- Essential  
 Very Important  
 Important  
 Somewhat Important  
 Marginal

### Primary Duty

Is this the key reason the job exists?

- Yes  
 No

Result expected of the job:

Activities to achieve the result:

## QUALIFICATIONS

Qualification requirements include education, experience, licensing and training required for the job. Do not comment on your own experience, education or licensing, rather indicate the minimum level required to perform the essential job functions.

What level of education *do you believe* is necessary to perform the essential duties when **entering** the job? Please indicate only one response.

- Less than high school       High school or equivalent       60 college credit hours  
 Two year college or technical degree       Four-year college degree or higher

If a degree is required, please indicate the specific degree or field(s) of study:

If no degree is required, are there any requirements regarding college-level coursework? If so, please provide information regarding such:

What number of years of related experience *do you believe* is required to have when **entering** the job in order to perform the essential duties? Please indicate only one response.

- One (1) year or less       More than one (1) year up to three (3)       More than three (3) years up to five (5) years  
 More than five (5) years up to ten (10) years       More than ten (10) years

What licensing, certification or accreditation *do you believe* is necessary to perform the essential duties when **entering** the job?

- No licensing or certification required for this position    If other licensing or certification is required, please provide detail:  
 Must maintain a valid current driver's license  
 Must maintain CPR certification

Does the job require any additional training or specific experience to perform the essential duties? If yes, please specify:

# Job Survey Review *(continued)*

## KNOWLEDGE, SKILLS & ABILITIES

Identify any specific knowledge, skills and/or abilities required to perform the essential duties of this job that are not documented in other sections.

**Knowledge, Skill or Ability:**

**Please describe how this knowledge, skill or ability is applied in the job:**

**Example** - Ability to operate office machines (i.e., photocopier, facsimile machine, telephone).

Operate photocopier, facsimile and telephone to direct incoming calls and perform basic secretarial duties for the department.

**Example** - Budget Management

To provide expected services within expenditures and budgetary guidelines. I must decide to approve or disapprove budgetary exceptions.

## SUPERVISORY RESPONSIBILITY

Please check the box that describes your *supervisory responsibility*. Supervisory responsibility is defined as duties associated with personnel actions.

I do not supervise anyone.

I provide guidance and training to others and give input to my supervisor regarding other employees' performance, but I do not make hiring and dismissal recommendations

I provide guidance and training to others. I do not conduct performance evaluations, but my opinion of other employees' performance is given particular weight in my supervisor's hiring, advancement/promotion and dismissal decisions.

I have primary responsibility for conducting performance evaluations and making recommendations for hiring and dismissing employees

Please indicate the number of individuals you directly supervise:

Please indicate the number of individuals who report to a supervisor reporting to you:

# Job Survey Review *(continued)*

## WHERE YOUR JOB FITS

Complete the structure using job titles to show where your job fits.

	Peer Job Titles		Jobs Reporting Directly to You	
	(List only titles that report directly to your supervisor)		Titles	Number of Employees
<b>Your Supervisor's Title</b> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<input type="text"/>	<input type="text"/>	
		<input type="text"/>	<input type="text"/>	

Do you manage a department or division?

- Yes                       No

Do you have the authority to hire and dismiss employees?

- Yes                       No

If you do not have the absolute authority to hire and dismiss, are your recommendations sought and given serious consideration?

- Yes                       No

## PROBLEM SOLVING

Every job requires the employee who works in it to solve problems. For example, a job might require the employee to choose one of two ways to handle a disgruntled parent or fellow employee. Check the box beside the **one statement** below that best describes the kinds of problems you solve and the discretion you use for their solution.

### Kinds of problems (check one below):

- The problems in my job usually come up again and again
- The problems in my job are somewhat varied, but often routine
- The problems in my job are varied
- The problems that come to me are usually the ones that other people have not been able to handle

### Discretion used for solving the problems (check one below):

- I have to check with my supervisor before I do anything other than what the established procedure states
- I check with my supervisor if none of the usual alternatives fit the situation
- I get help from my supervisor or others in handling unusual problems
- I need to come up with the solution

# Job Survey Review *(continued)*

Please list three examples of problems that you frequently solve as part of your job. Then tell us the policies, manuals, procedures, rules or guidelines you use to fix the problem. Is there a manual, policy or procedure that you must follow or must you rely on independent judgment to solve the problem?

Problems	Policies, Manuals, Procedures, Rules or Independent Judgment

In order to solve problems, people typically rely on information and facts. How available and usable are the facts and information necessary to solve the usual problems in your job? Check the box beside the **one statement** that best describes the information you need to rely on to solve problems.

- Specific information is immediately available and usable, such as a manual or established policies and procedures
- Specific information is normally available and in a readily usable form
- General information is normally available. Specific information usually has to be sought elsewhere
- Information may be incomplete or in a form not readily usable. Specific information almost always needs to be sought elsewhere to fill in gaps
- Information is often vague or misleading. Specific information, if available, almost always needs to be sought elsewhere

## DECISION MAKING

When you make a decision in your job, who does it affect? Complete the following sentence by checking the appropriate box(es).  
When I make a decision, it primarily affects:

- My work.
- The work of others in my work group.
- The work of others in my department or school.
- Others in work areas outside my department or school within the District.

# Job Survey Review *(continued)*

Please write three decisions that you are responsible for making without getting approval from anyone.

1.

2.

3.

## CONSEQUENCES OF ERROR

Please provide two examples of typical errors that could be made in your job, who would catch the error, how long it would take to detect and the approximate cost in money, time, and effort it would take to correct the error. Please also indicate the harm or hardship that the error may cause other individuals

1.

2.

3.

# Job Survey Review *(continued)*

## WORK ENVIRONMENT

How much on-the-job time is spent in the following **PHYSICAL ACTIVITIES**? Show the amount of time by checking all applicable responses below.

Activity	Never (0%)	Rarely (up to 15%)	Occasionally (16% to 40%)	Frequently (41% to 70%)	Regularly (over 70%)	Specific Examples
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Talking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Feeling attributes of objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grasping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pushing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reaching with hands/arms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stooping, kneeling, crouching, crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Climbing or balancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Repetitive wrist, hand and/or finger movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Operate mechanical equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Moving up and down from/to sitting position on the floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physical support and care of children (e.g. diapering, feeding, positioning, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Identify which **VISUAL ACTIVITIES** are usually required during a typical workday in order to accomplish the essential duties of this position. Indicate all applicable responses

- Clarity of vision at 20 feet or more.
- Clarity of vision at 20 inches or less.
- Three-dimensional vision - ability to judge distance and space relationships.
- Precise hand-eye coordination.
- Ability to identify and distinguish colors.

Describe specific examples of visual activities.

## Job Survey Review *(continued)*

Does this job require exposure to any of the following **ENVIRONMENTAL CONDITIONS**? Please mark the applicable boxes below and indicate which job duties are affected by the selected environmental condition(s)

Activity	Never (0%)	Rarely (up to 15%)	Occasionally (16% to 40%)	Frequently (41% to 70%)	Regularly (over 70%)	Specific Examples
Work in confined spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wet, humid conditions (non-weather)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Varying inclement outdoor weather conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vibration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Work in hazardous traffic conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Extreme cold (non-weather)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Extreme heat (non-weather)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Subject to oils (mechanical or food)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Required to wear a respirator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fumes or airborne particles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Work near moving, mechanical parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Work in high, dangerous places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Risk of electrical shock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Potentially hazardous bodily fluids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Potentially hazardous or cancer-causing agents or chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

How much NOISE is experienced daily in the work environment in this job? Check the appropriate level below.

- Very quiet.
- Quiet.
- Moderate noise (ie, an office with typewriters, photocopiers, and/or computer printers).

Loud noise. Please describe:

Very loud noise. Please describe:

## Job Survey Review *(continued)*

Does this job require that **WEIGHT** is lifted or **FORCE** is exerted? If so, how much and how often? Check all applicable responses below.

Activity	Never (0%)	Rarely (up to 15%)	Occasionally (16% to 40%)	Frequently (41% to 70%)	Regularly (over 70%)	Specific Examples
Up to 1 pound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2 - 5 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6 - 10 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11 - 15 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16 - 20 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21 - 25 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26 - 30 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31 - 35 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36 - 40 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
41 - 45 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
46 - 50 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
51 - 75 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
76 - 100 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
100+ pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Identify the level of attention that is usually required during a typical workday in order to accomplish the essential duties of this position. Indicate only one response.

- Normal attention
- Frequent attention (typical examples include paying bills, posting journal entries, etc)
- Concentrated attention
- Extremely demanding attention (typical examples include high-level managerial responsibilities)

Describe specific examples of mental activities.

Other environmental conditions that have not been identified that are applicable to this position:

# Job Survey Review *(continued)*

## Employee

Note any clarifications or additions you have.

## Administrator/Supervisor

How well does the information your employee has provided on this questionnaire describe his or her job? Note any clarifications or additions you have. Please comment on the minimum qualifications necessary to adequately perform the job in terms of education, experience, and special licenses and certifications.

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Principal/Supervisor's Signature

Title

Date

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Employee's Signature

Title

Date