

**WALNUT VALLEY UNIFIED SCHOOL DISTRICT
CLASSIFICATION STUDY QUESTIONNAIRE**

BACKGROUND INFORMATION (NOTE: if you need more space to respond, attach additional pages with the information)

Name				Department			
Job Title				Work Phone & Email:			
Work Day Begins At:		Ends:		Total Hours Per Day:		10 / 11 / 12 Month Employee?	
How long have you been in your current position?						Years	Mos.
How long altogether have you worked for Walnut Valley USD?						Years	Mos.
Name and Title of Immediate Supervisor							
Does your immediate supervisor sign your evaluation?		__Yes		If No, who does sign your eval? (Name & Title in block below)			
		__No					
Do you think your current job title fits the work you do?						Yes	No
If not, please explain why it is not accurate and what job title would better fit your work.							

As you complete the sections below (A – J), add additional pages if you need more room to write your response. You may find it helpful to write the information directly onto your current job class description that is attached. Please use only one side of each sheet of paper and do not write information on the back side of any pages.

A. PRIMARY PURPOSE OF YOUR WORK

What are the main reasons for the work you do? How does your job support the work of your supervisor and department? How does your job support the students and their learning at Walnut Valley USD?

B. JOB DUTIES AND RESPONSIBILITIES

1. Major Duties and Responsibilities

List below the duties and work you perform on a regular basis, either daily or weekly. Begin with those duties you consider to be most important. For each, describe what you do, then indicate an approximate percent of total time you spend on the task and whether it is done daily or weekly.

#	Representative Duties and Responsibilities	% of My Time	Daily (D) or Weekly (W)
1)			
2)			
3)			
4)			
5)			



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2. Do you use machinery or equipment to perform your major duties and responsibilities? Yes No

Think about the kinds of machines, equipment, tools, or other work aides you regularly use to do your job. (e.g., motor vehicle, school bus, dump truck, bobcat, skip loader, table saw, skill saw, hammer, power tools, computer, copier, files, protective gear such as goggles, special gloves, breathing masks, etc.). List them in the space below:

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3. Please list other duties you perform less often such as monthly or annually.

Other Duties	Monthly (M) or Annually (A)

C. WORK WITH OTHERS

1. Working with others in Walnut Valley USD

Does your job require that you work regularly with employees in other WVUSD departments? Yes No

If yes, please complete the chart below.

Department	Reason	Daily (D) or Weekly (W)

2. Working with people in other organizations, agencies, and/or authorities

Does your job require that you work regularly with other organizations, agencies or authorities outside of the Walnut Valley Unified School District? Yes No

If yes, please complete the chart below.

Organization, Agency, Authority	Reason	Daily (D) or Weekly (W)

D. DOCUMENTS

1. Records: Accounts, Registers, Minutes

Do you regularly maintain or prepare records such as accounts, registers, or minutes? Yes No

If yes, please list them below. Be sure to add how frequently you prepare or update these records

Type of Record	Purpose	Who Reviews It	Daily (D) or Weekly (W)

2. Reports

Do you regularly prepare written or electronic reports? Yes No



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If yes, please list them on the lines below:

Type of Report	Purpose	Who Reviews It	Daily (D) or Weekly (W)

E. RESPONSIBILITIES

1. Decisions

What kinds of decisions do you make during the course of your work? How frequently do you make these decisions?

I Decide	My Decision is Reviewed By	Daily (D) or Weekly (W)

2. Budgetary Authority

Do you have authorization authority for any spending?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please complete the chart below.

Type of Budget	Dollar Amount You May Authorize	Who Reviews Your Authorization

F. PERSONNEL OVERSIGHT

1. Employee Supervision

Are you responsible for supervising any other employees? That is, you assign them work to do and you complete their performance evaluations. If YES, please list their job titles and how many employees you supervise. Leave blank if NO.

I supervise (attach additional pages if you supervise more than 2 Job classifications)	
Job Classification Title(s) of Employee(s) Supervised	Number of Employees

2. Are you responsible for selecting the employees who work for you?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, please describe your role in the selection of employees:

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G. KNOWLEDGE AND ABILITIES

1. Knowledge

What does someone need to know to efficiently and effectively do your job? Consider areas such as: use of computer software, operating specific equipment, job specific terminology, office procedures, and pertinent laws, regulations, and/or codes.

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2. Abilities

What abilities does someone need to be successful in your job? Think about abilities such as: repairing machinery, creating spreadsheets, administering budgets, operating office equipment, and planning events.

H. ESSENTIAL EDUCATION, TRAINING AND EXPERIENCE

Think about the education, training and certifications you believe are essential for someone new to your job classification and list them below. These minimum qualifications do not need to match your own. Please include the reasons you believe these are the minimum qualifications for success in your job.

Minimum Formal Education (high school, AA Degree, BA Degree, etc.):

Specialized Training (such as, Technical School; Asbestos Removal; Excel; Access or another database; etc.):

Licenses, Certifications or Registrations (e.g., Driver's License/Bus Certificate, First Aid/CPR, LVN/RN, Credential, etc.):

I. WORKING CONDITIONS AND OR PHYSICAL DEMANDS OF THE JOB

What are the working conditions for your job? (Examples: office environment; outdoors year round and in all weather; indoors in a confined area/tight space; exposed to high heat; exposed to cold temperatures such as walk in freezer; exposed to dust and/or hazardous materials, chemicals, pesticides; must work at night; exposed to sharp utensils and tools; work around heavy equipment; heavy lifting; climbing ladders; operating specialized equipment (describe); prolonged standing, walking sitting; working overhead with arms extended; frequent bending or stooping; need to wear safety gear. Include any other information regarding your working conditions or the physical demands of the job.)

J. OTHER FACTORS

Is there anything else you would like us to know about your job? If yes, please list it here. (The block below expands automatically to make room for your response.)

I HAVE PROVIDED THE INFORMATION IN THIS DOCUMENT AND ON THE ADDITIONAL PAGES AS NEEDED. TO THE BEST OF MY KNOWLEDGE, I BELIEVE THE INFORMATION IS ACCURATE AND COMPLETE.

Signature of Employee (sign your name above the line)

Date (write the date above the line)

PLEASE RETURN THIS COMPLETED QUESTIONNAIRE AND YOUR JOB CLASS DESCRIPTION TO THE WALNUT VALLEY UNIFIED SCHOOL DISTRICT CLASSIFIED PERSONNEL OFFICE NOT LATER THAN SEPTEMBER 8, 2017.



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GROUP 2: Class & Comp Study 2017-2018

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PLEASE WRITE YOUR NAME ON YOUR CURRENT JOB CLASS DESCRIPTION BEFORE RETURNING IT.

IF YOU CHOOSE NOT TO WRITE ANY INFORMATION ON THE JOB CLASS DESCRIPTION, YOU STILL NEED TO WRITE YOUR NAME ON IT AND RETURN THE UNMARKED COPY ALONG WITH YOUR QUESTIONNAIRE. THANK YOU.

