

**WALNUT VALLEY UNIFIED SCHOOL DISTRICT
HUMAN RESOURCES**

INSTRUCTIONS FOR COMPLETING THE JOB ANALYSIS QUESTIONNAIRE

The following suggestions and instructions are provided to aid you in completing the job description questionnaire.

- The first few items are self-explanatory.
- List the equipment you operate on your job, such as computer, dictating/transcribing equipment, typewriter, computer terminals, offset equipment, etc.
- List any unusual requirements of your job; describe those functions in detail.

EXAMPLE: High pressure due to many deadlines and accuracy requirements or must return frequently for evening work

- **REVIEW OF FUNCTIONS/DUTIES:**

This is the most important item within the questionnaire. It is essential that we are able to develop an accurate and detailed description of the duties and responsibilities of your position. Keep the current job description attached to the questionnaire.

1. **DRAW A LINE THROUGH THOSE FUNCTIONS/DUTIES YOU DO NOT CURRENTLY PERFORM.**

2. **MAJOR FUNCTIONS/DUTIES NOT INCLUDED IN CURRENT JOB DESCRIPTION:**
Identify those major function/duties that you perform on a regular basis which are not included in the attached job description.

PERCENTAGE SECTION:

If you add function/duties to this section, please estimate the percent of your time spent on this task. We understand that you do not distribute your work time precisely. Give your best estimate of time distribution during the past six months or year. We are interested in work cycles and time patterns, and the work functions.

FREQUENCY SECTION:

Identify how often you perform this activity using the following codes:

D = daily; **W** = weekly; **BW** = Biweekly; **M** = monthly, **BM** = bimonthly;
S = several times a year and **A** = annually.

3. **REVIEW THE CURRENT REQUIREMENTS OF THE POSITION & COMPLETE THIS SECTION.**

Please submit your questionnaire and any accompanying materials within the specified time. All salary/classification changes will become effective pending Board action. We look forward to working with you; thank you for your assistance.

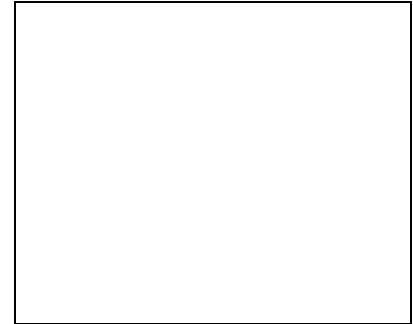
**WALNUT VALLEY UNIFIED SCHOOL DISTRICT
PERSONNEL & STAFF DEVELOPMENT
EMPLOYEE JOB ANALYSIS QUESTIONNAIRE**

NAME: _____
(Last) (First) (Initial)

WORK LOCATION: _____

DEPARTMENT: _____

POSITION TITLE: _____
(Be sure to use official payroll title.)



1. Your Salary Step and Range: _____

2. Do You Work: Regular Full-Time Hours From: _____ To: _____

Do You Work: Regular Part-Time Hours From: _____ To: _____

3. Work Year: Check One: 10 Months 11 Months 12 Months

4. Approximate time in present position: _____

5. Name & title of your supervisor: _____

6. If you supervise other employees, give their names & title & type of activities supervised:

7. What equipment do you operate on the job? _____

8. State unusual or special requirements of your job, if any (i.e., licenses, transcription, on-call while off duty, required evening meetings, etc.): _____

9. State any unusual physical requirements of your position: _____

1. DESCRIPTION OF FUNCTION/DUTIES:

Please review the attached job description for your classification. Draw a line through those duties you do not currently perform.

| 2. LIST MAJOR FUNCTION/DUTIES NOT INCLUDED IN CURRENT JOB DESCRIPTION | PERCENTAGE | FREQUENCY |
|---|------------|-----------|
| | | |
| <p>3. REVIEW THE CURRENT REQUIREMENTS, QUALIFICATIONS, PHYSICAL DEMANDS OR EXPERIENCE & EDUCATION LISTED IN YOUR JOB DESCRIPTION. LIST ANY CHANGES YOU BELIEVE SHOULD BE MADE BECAUSE THEY ARE NOT CONSISTENT WITH THE DUTIES YOU ARE CURRENTLY PERFORMING. YOU MAY CROSSOUT ANY STATEMENTS ON THE JOB DESCRIPTION YOU BELIEVE TO BE INAPPROPRIATE.</p> | | |
| <p>4. OTHER POSSIBLE CHANGES YOU FEEL TO BE APPROPRIATE</p> | | |

(IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS.)

I certify that the entries in the foregoing spaces are accurate and complete to the best of my knowledge and recollection.

Check if you desire a conference to discuss your duties.

EMPLOYEE SIGNATURE

DATE

SUPERVISOR'S REVIEW OF EMPLOYEE JOB ANALYSIS QUESTIONNAIRE

EMPLOYEE NAME: _____ POSITION: _____

FIRST LEVEL SUPERVISION

1. I agree with the employee's statements & analysis. Yes No If no, please explain:

(Use an additional page if necessary.)

2. Please respond to the following questions prior to the review by the Second Level Supervisor.

- Is the position properly classified? Yes No. If no, please explain & complete the items below.
- What do you believe to be an appropriate title and classification of this position based on the assigned duties and responsibilities? _____
- How long has the position be inappropriately classified? _____
- Has a prior request been made to study this position? _____
- Do you believe the incumbent meets the qualifications of the position if it were to be reclassified? _____

I certify that my statements are true and accurate to the best of my knowledge and belief.

Signature (First Level Supervisor)

Date

SECOND LEVEL SUPERVISOR

I concur with both the employee's and First Level Supervisor's statements. Yes No

Signature (Second Level Supervisor)

Date