

SANTA MONICA-MALIBU UNIFIED SCHOOL DISTRICT

POSITION INFORMATION QUESTIONNAIRE

1. BACKGROUND INFORMATION

Name _____ Class Title _____

Name of Department _____ Working Title _____

Name of Special Program (if applicable) _____

Work Telephone Number _____ Ext. _____

Work Day Begins At _____ Ends _____ Total Hours Per Day _____ Hrs.

Length of Time in Present Position _____ Yrs. _____ Mos.

Last Previous Position (if applicable) _____

Total Length of Time with District _____ Yrs. _____ Mos.

Title of Immediate Supervisor _____

Name of Immediate Supervisor _____

Name of Person(s) Who Signs Evaluation _____

Does Your Current Class Title Accurately Describe Your Position? _____ Yes _____ No

If Not, What Class Title Do You Believe Better Describes the Position? Please Give Reasons.

2. BASIC FUNCTION

What basic function does your position serve in assisting your department to fulfill its purpose; what is the major reason or purpose for your work?

6. DECISIONS

A. Type

Describe the most difficult and/or major decisions you make in the course of your work.

B. Degree of Independence

What review is made of your decisions by others? Who reviews? For what reason? Do you work independently or with your supervisor closely available.

C. Financial Impact

What is the amount and type/name of the budget for which you have direct accountability (include salaries of subordinates)?

What is the greatest expenditure you can authorize (signature authority)?

Are there other direct or indirect measures of financial impact of your position?

7. SUPERVISION

A. Subordinates

List the classification titles of employees whom you supervise directly (you are responsible to complete their performance appraisals) and indirectly. Indicate number of employees in each classification.

<u>DIRECTLY</u>		<u>INDIRECTLY</u>	
Classification	No.	Classification	No.
_____	_____	_____	_____
_____	_____	_____	_____

B. Do you have responsibility for selection of personnel, appraisal of performance, and such actions as salary increases promotions, discipline, reassignment or terminations ____ Yes ____ No. If yes, please describe:

8. KNOWLEDGE AND ABILITIES

A. Knowledge

List the specific areas of knowledge that a person must possess to successfully perform your job. Some of the areas to consider are laws, regulations, codes, technical aspects, policies, procedures, practices, terminology, software applications, equipment operation, materials, curriculum or subject matter.

B. Abilities

List the specific abilities that a person must possess to successfully perform your job. Some of the areas to consider are abilities to perform certain functions, plan, create, explain, develop, prepare, maintain, repair, operate, administer coordinate, and review.

9. EDUCATION, TRAINING AND EXPERIENCE REQUIREMENTS

Indicate the qualifications and requirements for successful performance which should be required in filling a future vacancy in your classification. Describe what you believe is necessary for proper performance, not necessarily your own qualifications. Indicate your reasons for selecting these requirements.

Minimum Formal Education:

Specialized Training (Years and Type) _____

Previous Experience (Years and Type): _____

Licenses, Certification or Registration (list whether it is required by State, local or other) _____

Training Period (required for a new employee possessing the qualifications above): _____

10. WORKING CONDITIONS

In order to comply with government regulations related to working conditions and physical requirements, please complete the following two pages.

Work Environment: What is the work environment or location in which you perform your duties? Examples include: standard office, indoor/outdoor, adverse weather conditions, noise, regular exposure to fumes, dust and odors, and exposure to constant interruptions.

Physical Requirements: If a physical ability applies, please list a specific task which requires this ability. If the physical ability does not apply, please check (/) N/A. How Often Performed? A = Rarely (once or twice a year), B = Occasionally (monthly), C = Frequently (weekly), D = Daily (1 to 4 hours), E = Daily (5+ hours)

PHYSICAL ABILITY	N/A	SPECIFIC TASK(S) THAT REQUIRE THIS ABILITY	HOW OFTEN?
Example: <i>Climbing</i>		<i>Ladders and scaffolding to paint buildings and other facilities</i>	
Climbing			
Standing for extended periods of time			
Sitting for extended periods of time			
		(please indicate the weight of the heaviest item you are required to lift)	

PHYSICAL ABILITY	N/A	SPECIFIC TASK(S) THAT REQUIRE THIS ABILITY	HOW OFTEN?
Pushing or pulling			
Walking			
Reaching overhead and above shoulders			
Heavy physical labor			
Repetitive hand or body motions			
Utilize hand or power tools			
Bending			
Other (please be specific)			

Hazards: Please list hazardous or unpleasant working conditions in your job

HAZARDS	N/A	CONDITIONS UNDER WHICH THIS HAZARD EXISTS	HOW OFTEN?
Chemicals			
Fumes, odors or gases			
Working around and with machinery having moving parts			
Working at heights			
Dissatisfied or abusive individuals			
Extreme weather conditions			
Other			

11. OTHER FACTORS

If you wish to present additional information about your job, use this space; additional sheets may be attached if needed.

12. Do you wish to request an interview with the consultants?

_____ Yes _____ No

If you want a group interview, please list the individuals involved.

I HAVE READ THE INSTRUCTIONS AND TO THE BEST OF MY KNOWLEDGE, I BELIEVE THE INFORMATION PRESENTED HERE IS ACCURATE AND COMPLETE.

Signature of Employee

Date

SUPERVISOR'S REVIEW

1. Have you carefully reviewed this completed questionnaire, and does it accurately reflect the duties of the employee?

_____Yes _____No

2. If no, please explain your concerns, making reference to the numbered item in the questionnaire. (Please do not change information in the questionnaire).

3. Comment on your support or disagreement with any suggested classification or title change that this employee provided on Page 1, item 1.

4. Other Supervisor comments. We strongly encourage and appreciate any further information and input you would provide.

5. Have you discussed your concerns with this employee? Yes_____ No_____

Signature of Supervisor

Supervisor's Title

Date_____

Work Telephone Number

Fxt