

## JOB EVALUATION QUESTIONNAIRE ANSWER SHEET

DO NOT WRITE IN THIS SPACE					
N.C.	Date Received	<input type="checkbox"/> Reclass or <input type="checkbox"/> Survey	JEQ #	Class Title	Class #
Schedule/Range/BU	Monthly Min - Max	New Probationary Period <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		Notice #	
		New Starting Date in Class <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA (NA if Temporary Job)			
Effective Date	If Reclassified, is Incumbent Certifiable? <input type="checkbox"/> Yes <input type="checkbox"/> No		Approved For: <input type="checkbox"/> Notice <input type="checkbox"/> Letter		Date
Personnel Notes			Reviewed By:		

**THIS FORM IS TO BE USED WITH THE JOB EVALUATION QUESTIONNAIRE (BA 802) ONLY FOR POSITIONS COVERED BY CIVIL SERVICE OF AFSCME UNIT 6 OR 7, EXCLUDING RATE ARRANGED POSITIONS.**

### RECLASSIFICATION REQUEST OR SURVEY:

Employee completes and forwards to supervisor for completion. Supervisor forwards to the Department Head and Dean or Vice President, for approvals, and then to the Human Resources Consultant.

Please note that reclassifications or survey requests are to be submitted ONLY when substantial changes in the assigned duties have occurred. Reclassifications/surveys SHOULD NOT be requested to:

1) reward meritorious performance; 2) Recognize increases in the volume of work assigned to a position; or 3) Address any other minor changes in assigned responsibilities.

For interpretation clarification, contact your Human Resources Consultant.

### Please Type or Use Black Ink In The Completion Of This Form

COMPLETE ALL SECTIONS IN THIS SPACE					
Empl ID	Name (First) (Middle) (Last)			Phone # ( ) -	
Department/Entity		Campus Mailing Address		Fund & DeptID (Combo Code)	
Present Class Title		Class #	BU Code	Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Temp Position? <input type="checkbox"/> Yes <input type="checkbox"/> No
Requested Class Title		Class #	BU Code	<input type="checkbox"/> Reclass <input type="checkbox"/> Survey <input type="checkbox"/> Vacancy	Payroll <input type="checkbox"/> Biweekly <input type="checkbox"/> Regular

**SUPERVISOR:** Describe the major responsibilities of this position and indicate the percent of time spent on each one, or attach a current job description which includes the percent of time spent on each major responsibility.

Yes  No Do the current job duties require a typing speed of 50 words per minute?

Yes  No Do the job duties require more than 80% of the time to be spent doing word processing?

Please read the instructions on page 1 of the Job Evaluation Questionnaire thoroughly before completing this answer sheet.

# SKILL

## 1. Skill: Working with Machines, Plants, and Animals

Description	SUPV	EMPL
a.	<input type="checkbox"/>	<input type="checkbox"/>
b.	<input type="checkbox"/>	<input type="checkbox"/>
c.	<input type="checkbox"/>	<input type="checkbox"/>
d.	<input type="checkbox"/>	<input type="checkbox"/>
e.	<input type="checkbox"/>	<input type="checkbox"/>
f.	<input type="checkbox"/>	<input type="checkbox"/>
g.	<input type="checkbox"/>	<input type="checkbox"/>
h.	<input type="checkbox"/>	<input type="checkbox"/>
i.	<input type="checkbox"/>	<input type="checkbox"/>
j.	<input type="checkbox"/>	<input type="checkbox"/>
k.	<input type="checkbox"/>	<input type="checkbox"/>
l.	<input type="checkbox"/>	<input type="checkbox"/>

## 2. Machine, Plants, and Animals: Unit Affected

Description	SUPV	EMPL
a.	<input type="checkbox"/>	<input type="checkbox"/>
b.	<input type="checkbox"/>	<input type="checkbox"/>
c.	<input type="checkbox"/>	<input type="checkbox"/>
d.	<input type="checkbox"/>	<input type="checkbox"/>
e.	<input type="checkbox"/>	<input type="checkbox"/>
f.	<input type="checkbox"/>	<input type="checkbox"/>
g.	<input type="checkbox"/>	<input type="checkbox"/>
h.	<input type="checkbox"/>	<input type="checkbox"/>
i.	<input type="checkbox"/>	<input type="checkbox"/>
j.	<input type="checkbox"/>	<input type="checkbox"/>

## 3. Machines, Plants, Animals: Errors

Description
-------------

	<b>Supervisor</b>		<b>Employee</b>	
a. NONE	<input type="checkbox"/>		<input type="checkbox"/>	
or				
b. Section 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 4. Skill: Working with Data (Facts)

Description	SUPV	EMPL
a.	<input type="checkbox"/>	<input type="checkbox"/>
b.	<input type="checkbox"/>	<input type="checkbox"/>
c.	<input type="checkbox"/>	<input type="checkbox"/>
d.	<input type="checkbox"/>	<input type="checkbox"/>
e.	<input type="checkbox"/>	<input type="checkbox"/>
f.	<input type="checkbox"/>	<input type="checkbox"/>
g.	<input type="checkbox"/>	<input type="checkbox"/>
h.	<input type="checkbox"/>	<input type="checkbox"/>
i.	<input type="checkbox"/>	<input type="checkbox"/>

## 5. Data (Facts): Unit Affected

Description	SUPV	EMPL
a.	<input type="checkbox"/>	<input type="checkbox"/>
b.	<input type="checkbox"/>	<input type="checkbox"/>
c.	<input type="checkbox"/>	<input type="checkbox"/>
d.	<input type="checkbox"/>	<input type="checkbox"/>
e.	<input type="checkbox"/>	<input type="checkbox"/>
f.	<input type="checkbox"/>	<input type="checkbox"/>
g.	<input type="checkbox"/>	<input type="checkbox"/>
h.	<input type="checkbox"/>	<input type="checkbox"/>
i.	<input type="checkbox"/>	<input type="checkbox"/>
j.	<input type="checkbox"/>	<input type="checkbox"/>

## 6. Data (Facts): Errors

Description
-------------

	Supervisor		Employee		
a. NONE	<input type="checkbox"/>		<input type="checkbox"/>		
or					
b. Section 1	1	2	3	1	2
Section 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**7. Skill: Working with People (Standard English)**

	SUPV	EMPL
Description	a. <input type="checkbox"/>	<input type="checkbox"/>
	b. <input type="checkbox"/>	<input type="checkbox"/>
	c. <input type="checkbox"/>	<input type="checkbox"/>
	d. <input type="checkbox"/>	<input type="checkbox"/>
	e. <input type="checkbox"/>	<input type="checkbox"/>
	f. <input type="checkbox"/>	<input type="checkbox"/>
	g. <input type="checkbox"/>	<input type="checkbox"/>
	h. <input type="checkbox"/>	<input type="checkbox"/>
	i. <input type="checkbox"/>	<input type="checkbox"/>
	j. <input type="checkbox"/>	<input type="checkbox"/>
	k. <input type="checkbox"/>	<input type="checkbox"/>

**8. Skill: Writing (Standard English)**

	SUPV	EMPL
Description	a. <input type="checkbox"/>	<input type="checkbox"/>
	b. <input type="checkbox"/>	<input type="checkbox"/>
	c. <input type="checkbox"/>	<input type="checkbox"/>
	d. <input type="checkbox"/>	<input type="checkbox"/>
	e. <input type="checkbox"/>	<input type="checkbox"/>
	f. <input type="checkbox"/>	<input type="checkbox"/>
	g. <input type="checkbox"/>	<input type="checkbox"/>
	h. <input type="checkbox"/>	<input type="checkbox"/>

**9. Skill: Working with People (Technical Terms)**

	SUPV	EMPL
Description	a. <input type="checkbox"/>	<input type="checkbox"/>

b.	<input type="checkbox"/>	<input type="checkbox"/>
c.	<input type="checkbox"/>	<input type="checkbox"/>
d.	<input type="checkbox"/>	<input type="checkbox"/>
e.	<input type="checkbox"/>	<input type="checkbox"/>
f.	<input type="checkbox"/>	<input type="checkbox"/>
g.	<input type="checkbox"/>	<input type="checkbox"/>
h.	<input type="checkbox"/>	<input type="checkbox"/>
i.	<input type="checkbox"/>	<input type="checkbox"/>
j.	<input type="checkbox"/>	<input type="checkbox"/>
k.	<input type="checkbox"/>	<input type="checkbox"/>
l.	<input type="checkbox"/>	<input type="checkbox"/>
m.	<input type="checkbox"/>	<input type="checkbox"/>

**10. Skill: Writing (Technical Terms)**

	SUPV	EMPL
Description	a. <input type="checkbox"/>	<input type="checkbox"/>
	b. <input type="checkbox"/>	<input type="checkbox"/>
	c. <input type="checkbox"/>	<input type="checkbox"/>
	d. <input type="checkbox"/>	<input type="checkbox"/>
	e. <input type="checkbox"/>	<input type="checkbox"/>
	f. <input type="checkbox"/>	<input type="checkbox"/>
	g. <input type="checkbox"/>	<input type="checkbox"/>
	h. <input type="checkbox"/>	<input type="checkbox"/>
	i. <input type="checkbox"/>	<input type="checkbox"/>

**11. Contacts with People: Unit Affected**

	SUPV	EMPL
Description	a. <input type="checkbox"/>	<input type="checkbox"/>
	b. <input type="checkbox"/>	<input type="checkbox"/>
	c. <input type="checkbox"/>	<input type="checkbox"/>
	d. <input type="checkbox"/>	<input type="checkbox"/>
	e. <input type="checkbox"/>	<input type="checkbox"/>
	f. <input type="checkbox"/>	<input type="checkbox"/>
	g. <input type="checkbox"/>	<input type="checkbox"/>
	h. <input type="checkbox"/>	<input type="checkbox"/>
	i. <input type="checkbox"/>	<input type="checkbox"/>

**12. Contacts with People: Errors**

	SUPV	EMPL
Description	a. <input type="checkbox"/>	<input type="checkbox"/>

- c.
- d.
- e.
- f.
- g.

	Supervisor			Employee		
	1	2	3	1	2	3
b. Section 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**KNOWLEDGE**

**13. Knowledge: General Information Required**

Description

- |    | SUPV                     | EMPL                     |
|----|--------------------------|--------------------------|
| a. | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | <input type="checkbox"/> | <input type="checkbox"/> |
| c. | <input type="checkbox"/> | <input type="checkbox"/> |
| d. | <input type="checkbox"/> | <input type="checkbox"/> |
| e. | <input type="checkbox"/> | <input type="checkbox"/> |
| f. | <input type="checkbox"/> | <input type="checkbox"/> |

**16. Knowledge: Continuing Education**

Description

- |    | SUPV                     | EMPL                     |
|----|--------------------------|--------------------------|
| a. | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | <input type="checkbox"/> | <input type="checkbox"/> |
| c. | <input type="checkbox"/> | <input type="checkbox"/> |
| d. | <input type="checkbox"/> | <input type="checkbox"/> |
| e. | <input type="checkbox"/> | <input type="checkbox"/> |

**14. Knowledge: On-the-job Experience**

Description

- |    | SUPV                     | EMPL                     |
|----|--------------------------|--------------------------|
| a. | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | <input type="checkbox"/> | <input type="checkbox"/> |
| c. | <input type="checkbox"/> | <input type="checkbox"/> |
| d. | <input type="checkbox"/> | <input type="checkbox"/> |
| e. | <input type="checkbox"/> | <input type="checkbox"/> |
| f. | <input type="checkbox"/> | <input type="checkbox"/> |
| g. | <input type="checkbox"/> | <input type="checkbox"/> |

**17. Knowledge: One-time-only Projects**

Description

- |    | SUPV                     | EMPL                     |
|----|--------------------------|--------------------------|
| a. | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | <input type="checkbox"/> | <input type="checkbox"/> |
| c. | <input type="checkbox"/> | <input type="checkbox"/> |
| d. | <input type="checkbox"/> | <input type="checkbox"/> |
| e. | <input type="checkbox"/> | <input type="checkbox"/> |
| f. | <input type="checkbox"/> | <input type="checkbox"/> |

**15. Knowledge: Non-University Organization**

Description

- |    | SUPV                     | EMPL                     |
|----|--------------------------|--------------------------|
| a. | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | <input type="checkbox"/> | <input type="checkbox"/> |

**INDEPENDENT JUDGEMENT**

**18. Independent Judgement: Procedures**

Description

- |    | SUPV                     | EMPL                     |
|----|--------------------------|--------------------------|
| a. | <input type="checkbox"/> | <input type="checkbox"/> |

- b.
- c.
- d.
- e.

- c.
- d.
- e.

**19. Independent Judgement: Guidelines Available**

Description

- |    | SUPV                     | EMPL                     |
|----|--------------------------|--------------------------|
| a. | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | <input type="checkbox"/> | <input type="checkbox"/> |
| c. | <input type="checkbox"/> | <input type="checkbox"/> |
| d. | <input type="checkbox"/> | <input type="checkbox"/> |
| e. | <input type="checkbox"/> | <input type="checkbox"/> |
| f. | <input type="checkbox"/> | <input type="checkbox"/> |

**22. Mental Effort: Initiating/Planning**

Description

- |    | SUPV                     | EMPL                     |
|----|--------------------------|--------------------------|
| a. | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | <input type="checkbox"/> | <input type="checkbox"/> |
| c. | <input type="checkbox"/> | <input type="checkbox"/> |
| d. | <input type="checkbox"/> | <input type="checkbox"/> |
| e. | <input type="checkbox"/> | <input type="checkbox"/> |
| f. | <input type="checkbox"/> | <input type="checkbox"/> |

**PHYSICAL EFFORT**

**20. Physical Effort: Strain Body/Senses**

Description

- |    | SUPV                     | EMPL                     |
|----|--------------------------|--------------------------|
| a. | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | <input type="checkbox"/> | <input type="checkbox"/> |
| c. | <input type="checkbox"/> | <input type="checkbox"/> |
| d. | <input type="checkbox"/> | <input type="checkbox"/> |
| e. | <input type="checkbox"/> | <input type="checkbox"/> |
| f. | <input type="checkbox"/> | <input type="checkbox"/> |
| g. | <input type="checkbox"/> | <input type="checkbox"/> |

**23. Mental Effort: Problem Solving**

Description

- |    | SUPV                     | EMPL                     |
|----|--------------------------|--------------------------|
| a. | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | <input type="checkbox"/> | <input type="checkbox"/> |
| c. | <input type="checkbox"/> | <input type="checkbox"/> |
| d. | <input type="checkbox"/> | <input type="checkbox"/> |
| e. | <input type="checkbox"/> | <input type="checkbox"/> |

**MENTAL EFFORT**

**21. Mental Effort: Complexity of Work**

Description

- |    | SUPV                     | EMPL                     |
|----|--------------------------|--------------------------|
| a. | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | <input type="checkbox"/> | <input type="checkbox"/> |

**24. Problem Solving: Unit Affected**

Description

- |    | SUPV                     | EMPL                     |
|----|--------------------------|--------------------------|
| a. | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | <input type="checkbox"/> | <input type="checkbox"/> |
| c. | <input type="checkbox"/> | <input type="checkbox"/> |
| d. | <input type="checkbox"/> | <input type="checkbox"/> |

- e.
- f.
- g.
- h.
- i.

- f.

**28. Risk: Safety of Others**

Description

- |    | SUPV                     | EMPL                     |
|----|--------------------------|--------------------------|
| a. | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | <input type="checkbox"/> | <input type="checkbox"/> |
| c. | <input type="checkbox"/> | <input type="checkbox"/> |
| d. | <input type="checkbox"/> | <input type="checkbox"/> |
| e. | <input type="checkbox"/> | <input type="checkbox"/> |

**29. Risk: Number of Individuals Protected**

Describe Number

- | A. Directly |   |
|-------------|---|
| SUPV        | EMPL  |
| a.          | <input type="checkbox"/> <input type="checkbox"/> |
| b.          | <input type="checkbox"/> <input type="checkbox"/> |
| c.          | <input type="checkbox"/> <input type="checkbox"/> |
| d.          | <input type="checkbox"/> <input type="checkbox"/> |
| e.          | <input type="checkbox"/> <input type="checkbox"/> |

Describe Number

- | B. Indirectly |   |
|---------------|---|
| SUPV          | EMPL  |
| a.            | <input type="checkbox"/> <input type="checkbox"/> |
| b.            | <input type="checkbox"/> <input type="checkbox"/> |
| c.            | <input type="checkbox"/> <input type="checkbox"/> |
| d.            | <input type="checkbox"/> <input type="checkbox"/> |
| e.            | <input type="checkbox"/> <input type="checkbox"/> |
| f.            | <input type="checkbox"/> <input type="checkbox"/> |

**30. Risk: Severity of Illness/Injury**

Description

- | SUPV | EMPL  |
|------|---|
| a.   | <input type="checkbox"/> <input type="checkbox"/> |
| b.   | <input type="checkbox"/> <input type="checkbox"/> |
| c.   | <input type="checkbox"/> <input type="checkbox"/> |
| d.   | <input type="checkbox"/> <input type="checkbox"/> |
| e.   | <input type="checkbox"/> <input type="checkbox"/> |
| f.   | <input type="checkbox"/> <input type="checkbox"/> |

**25. Problem Solving: Errors**

Description

	Supervisor			Employee		
	1	2	3	1	2	3
b. Section 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**RISK**

**26. Risk: Severity of Illness/Injury**

Description

- |    | SUPV                     | EMPL                     |
|----|--------------------------|--------------------------|
| a. | <input type="checkbox"/> | <input type="checkbox"/> |
| b. | <input type="checkbox"/> | <input type="checkbox"/> |
| c. | <input type="checkbox"/> | <input type="checkbox"/> |
| d. | <input type="checkbox"/> | <input type="checkbox"/> |
| e. | <input type="checkbox"/> | <input type="checkbox"/> |
| f. | <input type="checkbox"/> | <input type="checkbox"/> |
| g. | <input type="checkbox"/> | <input type="checkbox"/> |

**27. Risk: Hours Exposed/Week**

Description

- | SUPV | EMPL  |
|------|---|
| a.   | <input type="checkbox"/> <input type="checkbox"/> |
| b.   | <input type="checkbox"/> <input type="checkbox"/> |
| c.   | <input type="checkbox"/> <input type="checkbox"/> |
| d.   | <input type="checkbox"/> <input type="checkbox"/> |
| e.   | <input type="checkbox"/> <input type="checkbox"/> |

### SUPERVISION

#### A. Final Supervisory Authority

Description

	Supervisor		Employee	
	Yes	No	Yes	No
31. Reward	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Hire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Grievances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### B. Authority to Recommend

Description

	Supervisor		Employee	
	Yes	No	Yes	No
36. Recommend hire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Recommend discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Recommend reward	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Recommend grievances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Recommend evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Supervisor		Employee	
	41. Recommendations put into effect			
a. Almost always	<input type="checkbox"/>		<input type="checkbox"/>	
b. Most of the time	<input type="checkbox"/>		<input type="checkbox"/>	
c. Sometimes	<input type="checkbox"/>		<input type="checkbox"/>	
d. Not often	<input type="checkbox"/>		<input type="checkbox"/>	
e. Not applicable	<input type="checkbox"/>		<input type="checkbox"/>	

#### C. Related Supervisory Responsibilities

Description

	Supervisor		Employee	
	Yes	No	Yes	No
42. Train	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Teach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Orient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Evaluate/report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Review work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Assign work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Direct work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### 49. Supervision: How many people

Description	SUPV	EMPL
	<input type="checkbox"/>	<input type="checkbox"/>
a.	<input type="checkbox"/>	<input type="checkbox"/>
b.	<input type="checkbox"/>	<input type="checkbox"/>
c.	<input type="checkbox"/>	<input type="checkbox"/>
d.	<input type="checkbox"/>	<input type="checkbox"/>
e.	<input type="checkbox"/>	<input type="checkbox"/>

#### 50. Supervision: Hours/Week

Description	SUPV	EMPL
	<input type="checkbox"/>	<input type="checkbox"/>
a.	<input type="checkbox"/>	<input type="checkbox"/>
b.	<input type="checkbox"/>	<input type="checkbox"/>
c.	<input type="checkbox"/>	<input type="checkbox"/>
d.	<input type="checkbox"/>	<input type="checkbox"/>
e.	<input type="checkbox"/>	<input type="checkbox"/>

#### 51. Supervision: Unit Affected

Description	SUPV	EMPL
	<input type="checkbox"/>	<input type="checkbox"/>
a.	<input type="checkbox"/>	<input type="checkbox"/>
b.	<input type="checkbox"/>	<input type="checkbox"/>
c.	<input type="checkbox"/>	<input type="checkbox"/>
d.	<input type="checkbox"/>	<input type="checkbox"/>
e.	<input type="checkbox"/>	<input type="checkbox"/>
f.	<input type="checkbox"/>	<input type="checkbox"/>
g.	<input type="checkbox"/>	<input type="checkbox"/>

Empty rectangular box for notes or comments.

- h.
- i.
- j.

**52. Supervision: Errors**

Description

- |              |                          |                          |
|--------------|--------------------------|--------------------------|
|              | Supervisor               | Employee                 |
| a. NONE      | <input type="checkbox"/> | <input type="checkbox"/> |
| or           |                          |                          |
| b. Section 1 | 1                        | 2                        |
| Section 2    | 3                        | 1                        |
| Section 3    | <input type="checkbox"/> | 2                        |
|              | <input type="checkbox"/> | 3                        |

THIS QUESTIONNAIRE WILL NOT BE PROCESSED WITHOUT APPROPRIATE SIGNATURES

Employee Signature \_\_\_\_\_ Date: \_\_/\_\_/\_\_

If there is disagreement,  I have/  have not discussed my answers with the employee.

Supervisor Signature \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Please  
TYPE or  
PRINT:

Name \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_

Department \_\_\_\_\_

Campus Mailing Address \_\_\_\_\_

If there is disagreement,  I have/  have not discussed my answers with the employee.

Department Head Signature \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Please  
TYPE or  
PRINT:

Name \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_

Department \_\_\_\_\_

Campus Mailing Address \_\_\_\_\_

If there is disagreement,  I have/  have not discussed my answers with the employee.

Dean or Administrative Officer Signature \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Please  
TYPE or  
PRINT:

Name \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_

Department \_\_\_\_\_

Campus Mailing Address \_\_\_\_\_