

## State of Connecticut Human Resources

## **Duties Questionnaire Form**

Form #. <u>CT-HR-14</u> Revision Date: <u>10/2010</u>

TITLE OF YOUR JOB    RATE OF PAY			JST BE RETUR	NED TO YOUR	IMMEDIATE SUF	PERVISOR WITHIN SE	VEN DAY	S AFTER YOU REC	EIVE	IT
NAME OF IMMEDIATE SUPERVISOR    TITLE OF SUPERVISOR   HOURS   WORKED   PER DAY   PER WEEK   NORMALLY:	YOUR	NAME (PRINT)	(Last)	(First)	(M. I.)	DEPARTMENT				
NAME OF IMMEDIATE SUPERVISOR    TITLE OF SUPERVISOR   HOURS   WORKED   PER DAY   PER WEEK   NORMALLY:										
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I. DESCRIPTION OF DUTIES  INSTRUCTIONS: In the space below, list all the duties of your regular job. The following suggestions will be helpful in preparing your list.  a. BE SPECIFIC – Try not to use general statements such as "Operate machines", or "landle correspondence".  b. OMIT UNIMPORTANT DETAILS such as "pick up phone", "Open files", etc.  c. NUMBER EACH DUTY and start each duty with words which clearly show the type of action performed, such as "Take dictation on letters, reports and forms."  "Assign truck drivers and trucks or road projects for show removal and sanding."  "Assign truck drivers and trucks or road projects for show removal and sanding."  (Additional sheets may be attached if needed)  DUTIES  **OF TIME*  **OF TIME*	TITLE (	OF YOUR JOB						RATE OF PAY		PER
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					How los	ng have you been perforr	ning these	duties?		

CONTINUE ON PAGE 2

JOB TITLE	NUMBER	REGULAR	OCCASIONAL
Emmlossota			Data
Employee's Signature: X			Date:
The Supervisor will make no changes or additions to the abo All remarks by the Supervisor should be made below on this	page.		
1. <b>IMPORTANT</b> – Be sure to check the employee's first page of this questionnaire.			
2. Is the employee's description of his duties, and other they been authorized by you as Supervisor?	her answers, comple		have NO
3. If "NO", what additions, deletions, corrections sho	ould be made?		

I HAVE REVIEWED THE ABOVE STATEMENTS AND THE ABOVE SATEMENTS ARE CORRECT.

SIGNATURE, AGENCY HEAD / HR DESIGNEE DATE

SIGNATURE OF IMMEDIATE SUPERVISOR

TITLE OF IMMEDIATE SUPERVISOR

DATE