

# TRINITY UNIVERSITY

## POSITION AUDIT QUESTIONNAIRE

	NEW POSITION
	RECLASSIFICATION

EMPLOYEE INSTRUCTIONS: Please complete the attached Position Questionnaire. Your answers will be used to decide the most appropriate position classification. You may attach more information to explain what you do.

### ABOUT THIS QUESTIONNAIRE

This questionnaire consists of three parts:

PART I – All employees must complete Part I

PART II – Applies only to lead and supervisory positions.

PART III – To be completed by management and the personnel representative. This part will be sent to your supervisor for completion.

If a question does not apply to your position, simply write N/A (Not applicable) in the answer space. If you need more space to answer a question, you may add pages. If you need help, you may ask anyone you wish for this help.

### **IMPORTANT**

Please read this position questionnaire carefully and provide all of the requested information. After you have answered the questions which apply to your position, give this questionnaire to your supervisor. Upon receipt of the completed questionnaire, the Human Resources Office will contact you to schedule a job audit interview. Be sure your correct work telephone number is listed in case the Human Resources Office wants to call you.

NAME	Last	First	MI	PRESENT CLASSIFICATION TITLE/GRADE	
WORKING TITLE (if different)				WORK PHONE NUMBER	
DEPARTMENT			IMMEDIATE SUPERVISOR		
			<div style="display: flex; justify-content: space-between;"> <span>Name</span> <span>Title</span> </div>		
OFFICIAL WORK WEEK: (hrs)		MONTHS PER YEAR:		SHIFT	
LENGTH OF EMPLOYMENT					
With Trinity			With Present Duties		
Years	Months		Years	Months	

Modified: Feb 2006

## PART I

## MAJOR JOB DUTIES

INSTRUCTIONS: Describe your major job duties in detail (those which take at least 5% or 2 hours a week). Try to group similar task into major duties. Under the column “percentage of time”, estimate the time you devote to the duties listed. Use additional sheets if necessary to list duties.

[illegible]

What do you think is the correct classification of your position (i.e. title, grade, etc)? \_\_\_\_\_

Please describe the work you perform which is outside of your present class specification. Give specific examples.

ESTIMATE THE NUMBER OF HOURS YOU SPEND EACH MONTH PERFORMING EACH OF THESE DUTIES:

Questions 1, 2, and 3 below refer to those duties performed **outside** of your present classification.

QUESTION 1: How long have you been performing these duties?

☐ less than six months    ☐ six months or more

QUESTION 2: Who assigned these duties to you?

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QUESTION 3: How were these duties assigned?

☐ orally    ☐ in writing    ☐ other

If you marked in writing, please attach a copy if available. If you marked other, please explain below.

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QUESTION 4: How and in what form do you get your work assignments from co-workers, a supervisor, lead workers, users, or others?

EXAMPLES:

- My supervisor assigns work verbally in meetings.
- Another work unit sends paperwork to me for filing.
- A lead worker gives me work orders at the beginning of the shift

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QUESTION 5: When you have a question about how to do your work, who do you ask? (Use name and job title)

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QUESTION 6: Does your position require keyboard or typing skills?

☐ Yes ☐ No

If you did not list the kinds of documents you type on Page 1, please list them here along with the percentage of time spent on each.


QUESTION 7: Check any machines/equipment you operate as part of your job. Add any equipment/machines you operate that are not listed. Indicate the number of hours per month you spend operating such equipment.

EQUIPMENT/MACHINE	No. of Hours Per Month	EQUIPMENT/MACHINE	No. of Hours Per Month
Typewriter		Microfilm Viewer	
Word Processor		Cash Register	
Personal/Micro Computer		Truck (Specify Size)	
Computer Terminal		Passenger Vehicle	
Calculator		Mower (Specify Size)	
Copy Machine		Welder	
Microfiche Reader		Other	

QUESTION 8: Do you service or repair any of the equipment/machines and/or vehicles listed above? If so, list them and describe the repairs or services you perform.


QUESTION 9: Are you required to use rules, policies, procedures, manuals, or other guidelines to do your job? Explain how you use them.

EXAMPLE:

- Student Financial Aid, I help students complete aid forms, according to Financial Aid policy guidelines


QUESTION 10: If you had to train a qualified person, who was just hired, to perform the tasks listed on Page 1, how long would the training period be?


QUESTION 11: Describe how often your supervisor checks your work. (Monthly, daily, specific projects)


QUESTION 12: What are the complicated or difficult parts of your job?

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QUESTION 13: Do you have any reports to prepare? If “yes”, list them.

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QUESTION 14: Do you sometimes participate in policy formation? If “yes”, explain.

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QUESTION 15: Does your job require you to deal with people? If so, follow the example to fill in the blanks.

EXAMPLE: Contact Who?	Why Contacted?	Contacted How Often?
All levels of staff on the campus	Provide orientation to college employees	Once a month

Contact Who?	Why Contacted?	Contacted How Often?

QUESTIO 16: Do you have any responsibility for cash handling? If “yes”, explain.

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QUESTION 17: Please add any new information that would be helpful in better understanding your job.

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I certify that the foregoing answers are my own and, to the best of my knowledge, are accurate and complete.

Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If your job contains lead or supervisory duties, complete PART II. If not, return the questionnaire to your supervisor.
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PART II

**APPLIES ONLY TO LEAD AND SUPERVISORY POSITIONS**

INSTRUCTIONS: Complete Part II if your position is responsible for any of the following:

- A. PLANNING
- B. DECISION MAKING
- C. SIGNATURE AUTHORITY FOR YOUR SUPERVISOR
- D. REPRESENTING YOUR SUPERVISOR DURING HIS/HER ABSENCE
- E. DIRECTING THE WORK OF OTHER EMPLOYEES

QUESTION 1: Is your position responsible for planning?

☐ Yes ☐ No

If you answered yes, please complete the remainder of this question. Indicate by marking the appropriate boxes or filling in the applicable blanks if the statements below apply to your position.

Statement	Yes	No
a. I plan only for my position	<input type="checkbox"/>	<input type="checkbox"/>
b. I plan for my position and other positions	<input type="checkbox"/>	<input type="checkbox"/>

List the other positions by title:

_____	_____	_____
_____	_____	_____
_____	_____	_____

c. I plan for my department or unit

- (1) number of employees in the department or unit
  - (a) Administrators \_\_\_\_\_
  - (b) Contract Employees \_\_\_\_\_
  - (c) Classified employees \_\_\_\_\_

(2) number of clients/staff served \_\_\_\_\_

d. My plans cover a period of

- (1) one week \_\_\_\_\_
- (2) one month \_\_\_\_\_
- (3) one year \_\_\_\_\_

e. My planning includes forecasts for the following:

- (1) Staff (how many) \_\_\_\_\_
- (2) Equipment (how much) \_\_\_\_\_
- (3) Space (number of square feet) \_\_\_\_\_
- (4) Funds (How Much \$) \_\_\_\_\_

f. give at least two examples of your planning

(1)

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(2)

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QUESTION 2: Does your position have decision-making authority?

☐ Yes

☐ No

Give at least two examples of decisions you made independently, without first checking with your supervisor.

(1)

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(2)

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Give at least two examples of decisions you made after checking with your supervisor.

(1)

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(2)

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QUESTION 3: if you have signature authority for your supervisor, list which documents you may sign.


QUESTION 4: Do you represent your supervisor when he/she is absent?

☐ Yes

☐ No

If yes, what authority do you have?

☐ Complete authority (includes fiscal authority over physical resources and personnel actions)

Explain:

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☐ Limited Authority (includes day-to-day activities or routine responsibilities, but no fiscal authority)

Explain:

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☐ No Authority

QUESTION 5: Do you direct the work of other employees?

☐ Yes ☐ No

If No, sign the questionnaire on Page 8 and return it to your supervisor. If you marked yes, complete the remaining questions.

A. Circle those duties you perform:

- ☐ 1 Assign work to others
- ☐ 2 Check work of others
- ☐ 3 Train employees to do their jobs
- ☐ 4 Schedule hours of other employees
- ☐ 5 Report progress/problems of other employees
- ☐ 6 Report hours of work of others
- ☐ 7 Establish goals for work unit
- ☐ 8 Plan work of others
- ☐ 9 Approve leave usage of other employees
- ☐ 10 Respond to grievances
- ☐ 11 Make hiring recommendations
- ☐ 12 Conduct annual and/or interim employee performance evaluations
- ☐ 13 Discipline employees
- ☐ 14 Make recommendations for dismissal
- ☐ 15 Develop performance expectations for other positions
- ☐ 16 Develop position descriptions for other positions
- ☐ 17 Resolve conflicts
- ☐ 18 Coach and/or counsel employees
- ☐ 19 Change employee assignments or shifts

B. In general, how much time do you spend performing the above duties? (Hours per month) \_\_\_\_\_

QUESTION 6: To the best of your ability, fill in the organizational chart to your department. Do not abbreviate class titles.

- 1) PUT YOUR CLASS TITLE IN THE BOX INDICATED
- 2) PUT YOUR SUPERVISOR'S CLASS TITLE IN THE BOX ABOVE YOURS.
- 3) PUT THE CLASS TITLES OF OTHER EMPLOYEES WHO REPORT TO YOUR SUPERVISOR IN THE BOXES NEXT TO YOURS.
- 4) PUT THE CLASS TITLES OF EMPLOYEES WHOSE WORK YOU DIRECT IN THE BOXES BELOW YOURS
- 5) GIVE A BRIEF SUMMARY OF THE RESPONSIBILITIES OF THOSE EMPLOYEES WHOSE WORK YOU DIRECT ON THE LINES BELOW EACH BOX.

SOME EXAMPLES OF CLASS TITLES:

Secretary, Groundskeeper, Laboratory Technician, Administrative Secretary

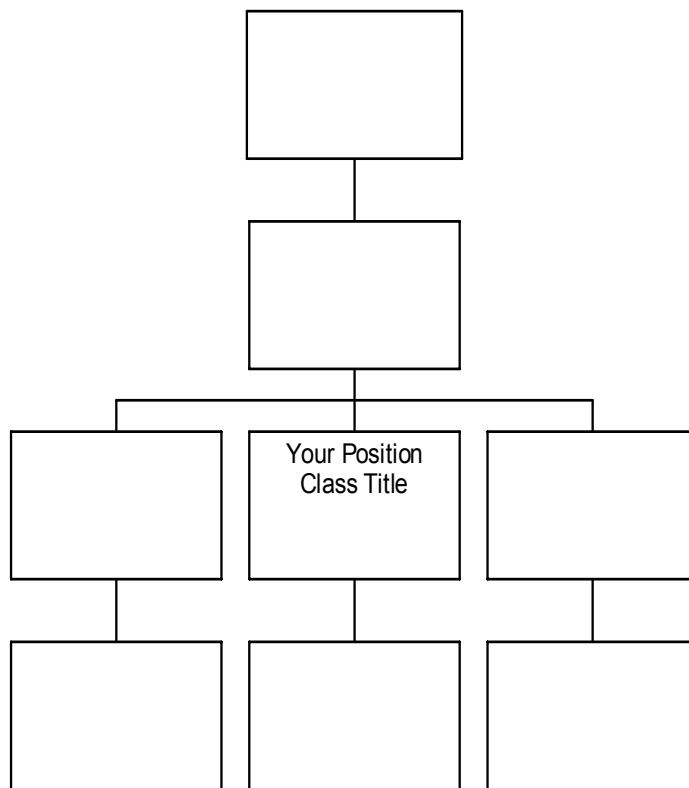


TITLE OF YOUR SUPERVISOR'S  
SUPERVISOR

TITLE OF YOUR SUPERVISOR

CLASS TITLES OF OTHER  
POSITIONS REPORTING TO YOUR  
SUPERVISOR

CLASS TITLES OF PERSONS  
WHOSE WORK YOU DIRECT



#### BRIEF SUMMARY OF WORK PERFORMED BY PEOPLE YOU DIRECT

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QUESTION 7: In the chart below indicate the number of people, by type, whose work you direct, and the hours they work each week.

Type of Employee(s) You Direct	Number of Employees You Direct	Total Hours Employee(s) Work Each Week
Full Time		
Part Time		
Students		
TOTAL		

QUESTION 8:

- a. How many employees are there in your supervisor's department? \_\_\_\_\_
- b. If your department serves clients, how many does it serve? \_\_\_\_\_
- c. How many employees report directly to you? \_\_\_\_\_
- d. How many Supervisors report directly to you? \_\_\_\_\_

QUESTION 9: Circle the statements below that are applicable to your position. The employee(s) whose work I direct:

- ☐ a. are in the same class as I am
- ☐ b. are in a lower class than I am
- ☐ c. perform the same or similar work as I do
- ☐ d. perform different work than I do
- ☐ e. report directly to me
- ☐ f. report directly to my supervisor, but I have charge of their day-to-day activities.

QUESTION 10: What important decisions are you required to make concerning the following:

- a. Employees: \_\_\_\_\_  
\_\_\_\_\_
- b. Equipment: \_\_\_\_\_  
\_\_\_\_\_
- c. Space: \_\_\_\_\_  
\_\_\_\_\_
- d. Funds: \_\_\_\_\_  
\_\_\_\_\_
- e. Other \_\_\_\_\_  
\_\_\_\_\_

I certify that the forgoing answers are my own and, to the best of my knowledge, are accurate and complete.

Your Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Upon completion of your  
Questionnaire, return it to your  
supervisor

POSITION REVIEW OF \_\_\_\_\_  
Employee

### Part III

#### MANAGEMENT AND PERSONNEL REPRESENTATIVE STATEMENT

Supervisor: This part is for your review of the employee's position questionnaire. Do not change any of the employee's responses. Please make your comment below. Be sure to answer all questions.

QUESTION 1: The employee's statements are accurate and complete except (please be specific):

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NOTE: Please attach a separate page if you need more space.

QUESTION 2: What do you consider the most important duties and responsibilities of this position?

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QUESTION 3: Assuming a new employee possesses the basic qualifications of the position, how long a break-in period would be required?

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QUESTION 4: Do you believe the employee is performing work outside his/her classification?

☐

Yes

Complete questions (a-d) below

☐

No

Go to Question 5

a. What duties and responsibilities have you assigned that are outside the employee's present classification?

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b. When did you assign these duties? (approximate dates)

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c. How long has the employee been performing these duties?

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d. Did you assign these duties in writing?

☐ Yes

☐ No

If yes, please attach a copy if available.

QUESTION 5: What level of supervision do you exercise over this position?

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QUESTION 6: Please give examples of decision-making authority you have delegated to this position:

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**SUPERVISORS ARE ENCOURAGED TO DISCUSS THE ABOVE COMMENTS WITH THE EMPLOYEE**

Supervisor's Name: \_\_\_\_\_

Supervisor's Classification/Position Title: \_\_\_\_\_

Office Telephone No.: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Supervisor

**STATEMENT OF DEPARTMENT HEAD OR SECOND-LEVEL SUPERVISOR**

Department Head's comments as to accuracy and completeness of statements of employee and immediate supervisor

\_\_\_\_\_  
Signature of Department Head or authorized Representative

Position Title: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Date: \_\_\_\_\_