

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			
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					
Social Security # - -	Name (First) (Middle) (Last)			Phone # () -	
Department Name		Campus Mailing Address		Fund & Dept. #	
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

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

7. Skill: Working with People (Standard English)

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"/>

8. Skill: Writing (Standard English)

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"/>

9. Skill: Working with People (Technical Terms)

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"/>
m.	<input type="checkbox"/>	<input type="checkbox"/>

10. Skill: Writing (Technical Terms)

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"/>

11. Contacts with People: 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"/>

12. Contacts with People: Errors

Description

- 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"/> |

18. Independent Judgement: Procedures

Description

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

INDEPENDENT JUDGEMENT

- 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"/> |

25. Problem Solving: Errors

Description

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"/> |

	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"/> |

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"/> |

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"/> |

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"/> |

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. Relate 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

	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"/>

50. Supervision: Hours/Week

	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"/>

51. Supervision: 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.
- i.
- j.

52. Supervision: Errors

Description

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

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 _____