



CITY OF MEDFORD
ADMINISTRATIVE REGULATION

Regulation No.	85-3-R
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Subject Area	Personnel
Date of Issue	Revised December 9, 1986
Supersedes Regulation No.	N/A

Title Position Classification Questionnaire

I. PURPOSE

The purpose of this administrative regulation is to provide information and instructions for use of the Position Classification Questionnaire. The purpose of the Position Classification Questionnaire is to provide information concerning a position to assist in determining its proper classification. (See attached Position Classification Questionnaire.)

II. SCOPE

A. The Position Classification Questionnaire is to be initiated by any of the following:

1. City Manager
2. Personnel Office
3. Department Head

B. The Position Classification Questionnaire is to be used for the following:

1. New positions for which no appropriate classification exists, or
2. Existing positions which are either improperly classified, or the duties of which have changed due to a change in organization or responsibility, or
3. Existing positions which are to be upgraded or downgraded where the Questionnaire will be used to determine if the change is appropriate.
4. Periodic audit and review of position duties and responsibilities to keep the classification an accurate reflection of current conditions.

III. INSTRUCTIONS

A. General

1. This questionnaire is designed to assist in updating the job classification. Completion of this form will give an opportunity to describe what is done.
2. Please read the entire questionnaire carefully before answering any of the questions. If any question is not understood, discuss it with the supervisor. Careful and thoughtful answers will be a great help to the City and will provide the basis for an accurate class specification.
3. This is a four-part questionnaire. Answer the questions in Sections A, B, and C; and give the questionnaire to the supervisor, who will complete Section D. The supervisor will then forward the form to the Department Head for completion of Section E.
4. The description will not be changed by the supervisor or Department Head. They will review the completed form and may make any comments

they believe necessary to clarify the answers provided, add information, or indicate disagreement.

5. The department is responsible for the timeliness of the form submittal. If the questionnaire is being used for an upgrade or downgrade at budget, the completed questionnaire should be submitted to Personnel at the same time the Department Request Budget is submitted to Finance.
6. The questionnaire should be typed when submitted.
7. The form should be completed by the following:

Section A - the Department Head.

Section B - the employee currently in the position being evaluated.
If new or vacant, the immediate supervisor.

Section C - same as Section B.

Section D - the employee's immediate supervisor.

Section E - the Department Head.

8. Where appropriate, samples of work may be attached to the form. (Do not attach a large amount of forms or other routine paperwork.)
9. Any questions regarding use or proper completion of the questionnaire should be directed to the Personnel Office.

B. Specific

This questionnaire should be completed as indicated in the sample form following these instructions.

1. Place an "X" in the box if for a new position.
2. Place an "X" in the box if for an existing position that is currently filled.
3. Insert the name of the person currently filling the position (e.g., John Doe).
4. Place an "X" in the box if for an existing position that is currently vacant.
5. Insert present Official Class Title if for an existing position (e.g., Light Equipment Operator).
6. Insert Department name (e.g., Public Works).
7. Insert Division name if appropriate (e.g., Streets).
8. Insert name of Working Title if appropriate (e.g., Operator or Street Worker).
9. Insert number of hours in standard work week and schedule of hours (e.g., 40 hours, M-F, 7:30 AM - 4:00 PM).
10. Place an "X" in the space if any license, permit, special training, education, certificate, etc. is required to perform the job.
11. Place an "X" in the space if no license, permit, special training, education, certificate, etc. is required to perform the job.
12. List all required licenses, permits, special training, education and certificates. Explain why these are required (e.g., Oregon Chauffer's License needed for operation of vehicles and equipment).
13. Place an "X" in the space if the job requires operation of machines, tools, office appliances or equipment (including motor vehicles).

14. Place an "X" in the space if the job does not require operation of machines, tools, office appliances or equipment (including motor vehicles).
15. List all machines, tools, office appliances, or equipment (including motor vehicles) operated on the job (e.g., jackhammer, roller, 10 c.y. dump truck, backhoe, etc.).
16. For all machines, tools, etc. listed for #15 above, identify the average frequency and duration of use (e.g., 2 hours per day).
17. For all machines, tools, etc. listed for #15 above, identify the estimated percent (%) of time spent using them (e.g., 25%). The total of this column must be 100%.
18. List the Importance Rating for each duty listed for #19 below, with "5" being the most important and "1" being the least important. The list should be in descending order with the most important duties listed at the top.
19. List each duty performed (in order of importance), with a description of that duty. Each duty should be numbered consecutively (not to be confused with the Importance Rating numbers). Use of a work log or draft to improve accuracy is recommended for completing numbers 18-21.
20. For each duty listed for #19 above, identify the average frequency with which the duty is performed (e.g., twice per week).
21. For each duty listed for #19 above, identify the estimated percent (%) of time spent on each (e.g., 15%). The total of this column must be 100%.
22. Identify how long the duties and amounts of time spent on each have been the same as listed for #19 and #20 above (e.g., three years, or since July 1, 1982).
23. List the parts of the job that are the most difficult and/or require the most skill to perform. For each part of the job listed, explain why it is the most difficult (requires the most skill) and give examples (e.g., Backhoe Operation most difficult because it requires a great deal of eye-hand coordination and extensive practice. Example: digging a sewer lateral trench for connection without damaging other underground utilities).
24. Place an "X" in the space if physical hazards or disagreeable working conditions exist on the job.
25. Place an "X" in the space if no physical hazards or disagreeable working conditions exist on the job.
26. List all physical hazards or disagreeable working conditions which exist on the job. For each listed, explain the nature of the hazard or condition (e.g., Asphalt Paving - This is a disagreeable working condition because it is done during the summer months; and the asphalt is hot and has a strong odor.).
27. Place an "X" in the space if the position has supervisory or administrative responsibility.
28. Place an "X" in the space if the position has no supervisory or administrative responsibility.
29. List the official position titles of all employees that are directly supervised. For each listed, identify the level of supervision given (e.g., immediate, general, etc.).

30. Identify the types of previous experience desirable for a new employee in this position. For each listed, identify the amount of experience that is desirable (e.g., Backhoe operation - 2 years. Asphalt Paving - 6 months.).
31. Insert the signature of the person who provided the answers for Section B of the questionnaire, certifying that the answers are complete and correct (e.g., John Doe).
32. Insert the official position title of the person who provided the answers for Section B of the questionnaire (e.g., Light Equipment Operator).
33. Insert the date on which the signature was placed (e.g., April 1, 1986).
34. Place an "X" in the box if the position has a direct supervisor other than the Department Head, and if the supervisor position is currently filled.
35. Place an "X" in the box if the position has no direct supervisor other than the Department Head, or if the supervisor position is currently vacant.
36. List the reason or reasons why the Supervisor's Statement is not applicable to this classification evaluation (e.g., The positions of Public Works Supervisor-Streets and Public Works Superintendent are currently vacant.).
37. Place an "X" in the box if an organization chart is attached to the questionnaire. A draft organizational chart must be prepared if official organization chart does not show the present functions and staff relationships of the position being studied.
38. Explain the degree to which the work of the position is reviewed by the supervisor (e.g., The position is directly observed at work an average of six (6) hours each day. The remainder of the work performed is reviewed by later inspection. The position is also reviewed through annual performance evaluations.).
39. List all answers provided by the person who completed Section B which the supervisor feels may be inaccurate or incomplete. For each listed, clarify the answer (e.g., The number of years' experience needed as a backhoe operator (#8-Section B) is too large. The actual experience needed as a backhoe operator is one (1) year.).
40. Insert the signature of the supervisor who completed Section D (e.g., Ray Smith).
41. Insert the official position title of the supervisor who completed Section D (e.g., Public Works Supervisor-Streets).
42. Insert the date on which the signature was placed (e.g., May 2, 1986).
43. List all answers provided by the person who completed Section B, or the supervisor who completed Section D, which the Department Head feels may be inaccurate or incomplete (e.g., The supervisor was correct. The number of years' experience as a backhoe operator needed should be one year.).
44. Insert the signature of the Department Head who completed Section E (e.g., Bob Brown).
45. Insert the official position title of the Department Head who completed Section E (e.g., Public Works Director).
46. Insert the date on which the signature was placed (e.g., May 3, 1986).

CITY OF MEDFORD
POSITION CLASSIFICATION QUESTIONNAIRE

GENERAL INSTRUCTIONS: Before completing this questionnaire, you should first read the detailed instructions, reference Administrative Regulation No. 85-3. If you have any questions, contact the Personnel Office for assistance. The questionnaire is for existing positions where classification re-evaluation is requested, and for new positions where a proper classification needs to be determined.

SECTION A - Position Status

1 New Position 2 Existing Position Filled by _____ 3
(Name of incumbent)

4 Existing Vacant Position

Present Official Class Title (If existing position) _____ 5

Department _____ 6 Division _____ 7

Working Title (If any) _____ 8 Work Week & Hours _____ 9

SECTION B - Position Requirements and Demands - Information on position in question to be provided by the employee for an existing filled position, or by the supervisor or department head for an existing vacant position or new position.

1. Is there any license, permit, special training, education, certificate, etc. required to perform the job? 10 Yes 11 No
If Yes, explain:

12

2. Does the job require operation of machines, tools, office appliance or equipment (including motor vehicles)? 13 Yes 14 No

<u>Machines, etc.</u>	<u>How Often Used?</u> (daily, weekly, monthly)	<u>Estimate %</u> <u>of working time</u>
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15

16

17

DESCRIPTION OF DUTIES: Please be specific about the particular position in question. Do not copy duties statements from class specifications. List each duty by number, approximately how often each duty is performed, and the amount of time spent doing each duty. List duties in order from most important to least important.

Importance Rating Scale: 1 = Minor Importance. 2 = Somewhat Important. 3 = Important. 4 = Very Important. 5 = Critical.

If more space is needed, attach a separate sheet.

Importance Rating	Description of Duty	How Often Performed? (Daily Weekly, Monthly)	% of Time Spent On Each duty
18	19	20	21

4. How long have the duties and the amounts of time spent on them been about the same as listed in No. 3? What changes or circumstances have occurred that have caused the new or revised duties?

22

5. Which parts of this job are the most difficult and/or require the most skill to perform? Why: Please give examples. Please list changes in any other position that have contributed to or would be affected by this position's revised duties.

23

6. Do physical hazards or disagreeable working conditions exist on this job? (Such as heavy lifting, congested traffic areas, exposure to noxious fumes, etc.)

24 Yes

25 No

If Yes, explain:

26

7. Does the position have supervisor or administrative responsibility? 27 Yes 28 No
If Yes, list the position titles of those that are supervised directly and the level of supervision given.

29

8. What type and how much previous experience is desirable for a new employee in this position?

30

SECTION C - Certification of Section B by Person Providing Information

I hereby certify that the answers to these questions are my own and that to the best of my knowledge they are complete and correct.

31

(Signature)

32

(Title)

33

(Date)

SECTION D - Supervisor's Statement if Applicable

Applicable: (34) Yes (35) No If not, reason: (36) _____

If applicable: Organizational chart attached (37) and complete the following:

1. To what degree do you review the work of this position?

(38)

2. Are there any statements which have been made by the employee in this position which you feel may be inaccurate or incomplete? Please clarify.

(39)

(40)

(Signature)

(41)

(Title)

(42)

(Date)

SECTION E - Department Head's Statement

Are there any statements which have been made by the employee or supervisor which you feel may be inaccurate or incomplete? Please clarify.

(43)

(44)

(Signature)

(45)

(Title)

(46)

(Date)