**Job Audit Questionnaire**

**Professional and Administrative Collective Agreement Article 62 Job Audits**

**Staff Association Collective Agreement Article 53 Job Audits**

Job audits are to be requested by an Employee, the Employer or the Union in the form of a memo and submitted to the Compensation Department. If an Employee is submitting a request, they are to notify the Union directly.

Upon receipt of the audit request memo, the Compensation Department will send a position questionnaire to the Employee. The Employee is to complete their portion of the position questionnaire within twenty (20) working days of receipt. The supervisor is to review and comment on their portion of the position questionnaire within ten (10) working days of receipt from the Employee (this includes discussion and resolution to significant differences between the Employee's and the supervisor's view of the position) after which, the completed questionnaire is forwarded to the Compensation Department.

The Compensation Department will notify the Employee, the Supervisor, Labor and Employee Relations and the Union of all job audit determinations.

**Completing the Questionnaire**

Answers to the questionnaire should be complete and accurate regarding the job responsibilities and duties that are regularly performed as part of your job. All audits are based on the actual duties currently being performed and the level of know-how, problem-solving and accountability associated with those duties. The audit is based on the job functions of the position—not your personal background.

Salary, desired position, length of employment, quality of work or proposed work assignments are not considered in a job audit. Your cooperation and thoroughness in providing accurate information is essential so that the position is properly evaluated and classified.

* Consider your normal day-to-day responsibilities. Base your responses on duties and responsibilities that are part of your position under typical conditions, not temporary assignments.
* When indicating the percentage of time, you spend on each duty, keep in mind what is performed over a twelve-month period. The percentages you provide do not need to be exact but should reflect what, in your opinion, are the more time-consuming aspects of your position.
* Describe your position as it actually is today, not as it might be in the future or as you think it should be.

**Potential Outcomes**

Potential outcomes of a job audit or any classification analysis are:

* Determination that the position is classified correctly and that the current role and salary grade are appropriate. Changes in job duties, even if significant, do not automatically warrant a change in pay or salary grade.
* Determination that the job duties of the position should be classified to a higher role and salary grade.
* Determination that the job duties of the position are best allocated laterally to a different role but in the same salary grade.
* Determination that a position is functioning in a salary grade below its current classification.

****

**Office Use Only**

**Job Audit Questionnaire**

**Date Generated: 5/24/2021**

**Incumbent**: Enter incumbent's name **Classification Title**: Enter classification title

**Banner ID**: 000000000 **Department**: Enter department name

**Supervisor**: Enter supervisor name **Classification Title**: Enter classification title

***NOTE: This is a forced field form. The boxes expand to fit your text. Please type all position questionnaires. Thank you.***

**1. Essential Job Functions or Responsibilities:** *In order of their importance, describe up to seven essential job functions or responsibilities that you perform as a part of your position. Indicate the approximate percent of time over the course of a year that you spend on each. In general, if you spend less than 5% of your time, the activity is not a key responsibility for the position. Also, check whether or not the described function is a new or existing duty.*

*These responsibilities may be described in one sentence including what you do, how you do it, and expected. For example, oversee department budget which includes approving fiscal allocations, developing projections, monitoring monthly expenditures and preparing reports to ensure budget is managed in accordance with department and University policies and goals. Boxes will expand to fit your text.*

| **#** | **Essential Job Functions/Responsibilities Description** | **% Time** | **New Duty\*\*** |
| --- | --- | --- | --- |
| 1 |       |       | [ ]  |
| 2 |       |       | [ ]  |
| 3 |       |       | [ ]  |
| 4 |       |       | [ ]  |
| 5 |       |       | [ ]  |
| 6 |       |       | [ ]  |
| 7 |       |       | [ ]  |

*a. \*\*Who was previously performing the Essential Job Functions or Responsibilities you've indicated above as a new duty?*

 Box will expand to fit your text.

 *b. Have any of your previous duties been assigned elsewhere?*

 Box will expand to fit your text.

*2. Describe below how your position fits into the context of your department or work unit including your immediate manager, your position, and if appropriate, positions that you directly supervise.*

|  |  |  |
| --- | --- | --- |
| **Organization Relationships** | **Position Title(s)** | **# in Position** |
| Your Immediate Manager |       |       |
| **Your Position** |       |       |
| Positions You Directly Supervise |       |       |

*a. If you are responsible for providing technical, project, work direction or other supervision for one or more positions, list the positions involved and describe the nature of work direction that you provide.*

 Additional position supervision information:

**3. Project Responsibilities:** *Select up to three typical projects that you have worked on within the last 12 months. Describe the general nature of the project, your role on the project team, and expectations for deliverables from your position. For example: Project to convert student records to new system. I was responsible for leading a team of 5 in developing the conversion criteria, testing the conversion program, and executing the final conversion.* *Boxes will expand to fit your text.*

|  |  |
| --- | --- |
| **Project Description** | **Briefly Describe Your Work on the Project** |
|  |  |
|  |  |
|  |  |

**4. Scope Data:** *Provide current scope data that you are directly responsible for that will best describe or measure size, influence or effect on your department or the University. State all figures on an annual basis.*

*OPERATING BUDGET*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Payroll** | **Contractors** | **Supplies** | **Other** | **Total** |
|       |       |       |       |       |

*DOLLAR MEASURES*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **General Fund** | **Grant** | **Auxiliary** | **Other** | **Total** |
|       |       |       |       |       |

*EMPLOYEES SUPERVISED*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Direct** | **Indirect** | **Total** |  |  |
|       |       |       |  |  |

**5. Problem Solving Challenges:** *Describe the problems and challenges you solve on a regular basis.*

Box will expand to fit your text.

**6. Key Customers:** *Describe up to three of the most important contacts you have with individuals who are your customers. Include the position, nature of your contact, and an approximate frequency (daily, weekly, monthly, occasionally) of contact with that individual.**Boxes will expand to fit your text.*

|  |  |  |
| --- | --- | --- |
| **Position** | **Nature of Services** | **Frequency** |
|       |       |       |
|       |       |       |
|       |       |       |

**7. Authority and Organizational Impact:***Describe the types of decisions you have authority to make without review or specific instructions from your immediate supervisor.* Box will expand to fit your text.

**8. Additional Information:** *Provide any additional information that you believe describes the scope and complexity of your position and its impact on the University or your department.*

Box will expand to fit your text.

**Employee’s Signature: Date:** **M/dd/yyyy**

**Please sign and give this questionnaire to your supervisor, retaining a copy for yourself**

****

**Supervisor Review**

***(To be completed by employee’s immediate supervisor)***

**It is essential that you review thoroughly the contents of this questionnaire and complete the sections below. This is not a performance appraisal for the individual, but a review of the content and accuracy of this questionnaire.**

***NOTE: This is a forced field form. The boxes expand to fit your text. Please type all responses.***

*1. Briefly describe the primary purpose of the incumbent’s position or why the position exists in the organization.*

Box will expand to fit your text.

*2. Briefly describe the mission and role of our department or work unit including services provided and any other information that will enhance understanding of how the department functions with the University.* ***Please attach a current organizational chart.***

Box will expand to fit your text.

*3. What are the essential functions or responsibilities of this position?*

Box will expand to fit your text.

*4. Describe the minimum required knowledge, years of experience and skills necessary to satisfactorily perform the essential functions or responsibilities listed above.*

Box will expand to fit your text.

*5. In what areas would you normally assist the incumbent with guidance and advices to achieve the position’s*

*objectives?*

Box will expand to fit your text.

*6. List those activities which require approval by you or others before the employee can take action.*

Box will expand to fit your text.

*7. Comment on the accuracy and completeness of this questionnaire. Add any items that will make the questionnaire more complete.*

Box will expand to fit your text.

**IMPORTANT: Significant differences between the supervisor’s view of the position and the employee’s view should be discussed and resolved *prior* *to* submission of the questionnaire.**

SUPERVISOR’S SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: M/dd/yyyy

After meeting with the employee to discuss and resolve significant differences between the employee’s responses and your responses, sign and date this document with a copy of your organizational chart, and submit via email or campus email to the Compensation Analyst assigned to your Division.

Please retain a copy for your records.