I. PURPOSE

To gather information about duties, responsibilities, and other pertinent job-related facts necessary to determine a specific position's proper classification.

II. PERSONS AFFECTED:

All management employees.

III. POLICY:

It is the policy of the District to maintain its classification plan through the use of desk audits and job analysis.

IV. DEFINITIONS:

Desk Audit: A job-site review of the duties of an employee.

Job Analysis: The systematic process of collecting and evaluating all information relating to a specific job in order to provide a classification specification to be used as a basis for management decisions involving recruiting, selection, placement, training, advancement and compensation.

V. RESPONSIBILITIES:

A. Department Managers are responsible for following the provisions of this Management procedure when requesting a Desk Audit for department employees whose duties and responsibilities have changed or when organizational realignment is proposed.

B. The Human Resources Department is responsible for conducting desk audits.
C. In the Class Evaluation Appeals process, the final authority for determining the necessity of a desk audit rests with the Human Resources Manager.

VI. PROCEDURES:

A. Department Managers will submit a written request for Desk Audits to the Human Resources Manager. In addition to identifying positions to be audited, the Department Manager also will indicate the justification for the audits.

B. Based upon established and approved priorities for the audits, the Human Resources Department will perform the audits.

C. Job information may be obtained by one or all of the following methods: (1) Job description questionnaire, (2) Job observation and, (3) Audit interview.

D. Upon completion of a desk audit, a job analysis will be undertaken to review and analyze its results and to generate recommendations to be submitted to the Executive Staff and General Manager for consideration.

E. After completion of the job analysis process, the final classification specification will be reviewed by the employee and his/her Supervisor and Department Manager to insure clarity and accuracy.

VII. ATTACHMENTS:

Job Description Questionnaire
JOB DESCRIPTION QUESTIONNAIRE

Employee Name: ______________________ Date: ______________________
Reviewed By: ______________________ Date: ______________________
How long have you been in your present position? ______________________ yrs./mos.

JOB IDENTIFICATION

1. Job Title ______________________________________________________
2. Organization ___________________________________________________
3. Supervisor's Name and Title _____________________________________

INSTRUCTIONS

The position description is the principal tool used to measure the types of duties and level of responsibilities assigned a particular position.

A copy of your job description has been attached to this form. Before completing the survey, please review the description for accuracy. If necessary add any new tasks and responsibilities not presently reflected in the description, and delete those which no longer apply.

Non-supervisory employees should complete only Part I.
Supervisory employees should complete Parts I and II.

Please check your answers for accuracy and completeness, and return the completed form to your supervisor.

PART I

A. JOB SUMMARY STATEMENT. Describe the role/purpose of your position in one or two sentences.
B. KNOWLEDGE REQUIRED.

1. List the basic knowledges, skills, and abilities you believe necessary for a person to perform the duties listed in Section A. (Examples: Knowledge of basic rules and procedures for filing name cards alphabetically; skill in operating automotive, mechanical equipment; ability to collect, interpret and analyze statistical data; ability to communicate effectively both orally and in writing, etc.)

a.

b.

c.

d.

2. Do you use specialized hand tools, office equipment and/or machines while performing your job?  
   ___Yes  ___No

If yes, please specify.

   ___Calculator                ___Power Saws
   ___Computer                 ___Trucks
   ___Dictaphone               ___Other
   ___Wordprocessor

3. Is a license or certificate required/desired to perform your work?  ___Yes  ___No

If yes, please specify.

   ___State Motor Vehicle License
   ___Engineering License
   ___Other

4. What kind of experience or special training is needed to perform your work. (Please check one)
High school or recognized equivalent. Minimum years experience 0-1 year.

High school graduate or recognized equivalent plus additional formal professional, skills, education. Minimum 1-2 years.

Bachelor's degree or recognized equivalent. Minimum experience 3-5 years.

Bachelor's degree or recognized equivalent plus additional formal professional training or specialized knowledge of a technical field. Minimum experience 6-9 years.

Master's degree or recognized equivalent in a specific field of study. Minimum experience 10-14 years.

Other combination of training and experience not listed above.

C. SUPERVISION OVER YOUR WORK

1. Who reviews or critiques your work?

2. What is the nature of the standing or continuing instructions given to you regarding tasks you perform? (Check one)
   - The instructions are detailed and specific, covering all aspects of the work.
   - The instructions are somewhat general; many aspects of the work are covered specifically although some judgment is needed.
   - The instructions are very general requiring me to use considerable judgment.
   - Other (describe fully).

3. What is the nature of the instructions provided to you for newly assigned or one-time duties? (Check one)
D. GUIDELINES USED IN YOUR WORK

1. What specific Local, State, or Federal laws do you use or follow in performing assignments? (Specific laws pertain to laws you must have knowledge of and frequently use as a reference to perform your job.)
2. What administrative procedures (e.g., personnel procedures, department operating procedures, affirmative action, etc.) or instructions do you use or follow in performing assignments?

3. Do you: (Check all that apply.)

- Develop and approve procedures for your department, division, operating unit?
- Contribute to the development of procedures?
- Administer/facilitate procedures?
- Refer and/or follow procedures only?

E. COMPLEXITY

1. Describe what makes your work complicated, unusual or difficult to perform?

2. For what work do you make recommendations (Give examples)?

3. For what work are you the final approval (Give examples)?

F. SCOPE AND EFFECT

1. What is the impact of your work within your work area? (Check all that relate to your job.)

- Work facilitates the work of others.
- Affects the acceptability or reliability of further processes or services.
- Results in a direct product, service or output.
- Results in organizing and implementing, or evaluating and changing functions, programs or operations that affect a wide range of activities with the District.
Resolves critical problems or results in developing new programs or operations, approaches, etc.

Results in effective operation of an entire program or process.

Results in effective operation, planning and administering programs which are most critical to the mission of the District.

Other

G. BUDGET PROCESS

1. What is your responsibility/contribution to the budget process? (check one)

- No budget responsibility.
- Contributes in collecting information and analyzing data for budget development under supervisory guidance.
- Prepares, administers and monitors budget for own section including payroll, equipment, material and other monetary resources. Reviews, initials for signature expenditures, but has no authority to approve them.
- Shares responsibility in the preparation and administration of budgets for departments including payroll, equipment, material and other monetary expenditures. Approves expenditures.
- Has full responsibility for preparing, administering and monitoring budgets (division or authority-wide) including payroll, equipment, material resources. Approves and reviews all department budgets which may also include investments, revenues, taxes and other financial statements and records.

H. PERSONNEL RELATIONSHIPS

1. With whom and what organization are regular contacts maintained? For each contact, indicate the frequency involved (i.e., daily, weekly, monthly, occasionally).
2. What is the purpose of required contacts? (Check where applicable.)

___ To exchange routine information
___ To plan and coordinate work
___ To influence and motivate persons contacted to a desired objective.
___ To negotiate, resolve, and settle differences of important, controversial matters.
___ Other

___ Describe briefly the nature of these contacts.

I. WORKING CONDITIONS

1. Describe the physical demands of your job by checking as many of the following that apply.

___ Typically sitting at a desk or table.
___ Typically standing or walking.
___ Occasionally lifting of light objects (less than 25 lb.).
___ Frequent lifting of objects weighing 25-50 lbs.
___ Occasional lifting of objects weighing 50 lbs. or more.

2. Describe the normal or usual conditions where your work is performed by checking as many as the following apply.

___ Work is performed in an office, library or computer room.
___ Work is performed in a stockroom or warehouse.
___ Work exposes me to much dust, dirt, grease, noise, etc.
___ Work exposes me to machinery and its moving parts.
___ Work is performed outdoors and occasionally in cold or inclement weather.
___ Work requires use of protective devices such as goggles, masks, gloves, etc.
J. OTHER FACTORS. Provide any additional information about your duties, responsibilities, or required qualifications which you consider to be important, but which have not previously been mentioned.

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EMPLOYEE CERTIFICATION

Employee Signature ___________________________ Date ___________________________
PART II

(TO BE FILLED OUT BY SUPERVISORY PERSONNEL ONLY)

A. Indicate number, position title, and grade of non-supervisory positions you supervise.

<table>
<thead>
<tr>
<th>Number</th>
<th>Position Title</th>
<th>Grade</th>
</tr>
</thead>
</table>

B. Indicate the number, position title and grade of supervisors whom you supervise.

<table>
<thead>
<tr>
<th>Number</th>
<th>Position Title</th>
<th>Grade</th>
</tr>
</thead>
</table>

C. Nature of Supervisory Duties: (Check all that apply)

- Work Planning
- Work Assignments
- Work Review (for quantity, quality, etc.)
- Training Personnel or Instructing Work Methods
- Counseling
- Performance Evaluation of Employees
- Approval of Employees' Leave
- Interviewing and Selection of New Employees
- Recommend or Apply Disciplinary Action
- Facilitating District, Division, Department or Units MBO Program
- Developing your Division, Department or Units MBO program
- Other

Supervisory Employee's Signature   Date