

MONTGOMERY COUNTY BOARD OF COMMISSIONERS
POSITION AUDIT QUESTIONNAIRE (Part I)
INSTRUCTIONS

TO THE EMPLOYEE:

Part I of the Position Audit Questionnaire (PAQ) asks questions about your job duties and asks you to identify others who may perform the same work. It is important for you to provide a complete and accurate description of your work. The information that you provide will be used to ensure that your position is properly classified.

Please complete Job Information (Questions #1 through #20), Employee's Comments (Question #21) and Employee's Certification (Question #22). Use extra sheets of paper for any additional comments you wish to make regarding specific questions. Be sure to write or type your name and the question number clearly on any extra sheets. Staple or rubber band additional sheets and any work samples you wish to submit to the questionnaire. **DO NOT copy information from a county classification specification, as it will not be accepted.** Any materials which you feel will assist in the determination of the proper position classification may be attached to the form, but they cannot be returned. If you choose to submit supportive documentation, please use discretion and black out any identifying data on confidential records and materials.

Part I requests position identification and job duty information on your position, as follows:

Questions #1 through #10:

Provide the information requested.

Question #11 - % TIME SPENT:

Estimate the percent of time you spend performing each duty. To determine the percent, think of your job in a time block, such as a day, a week, a bi-weekly period, a month or a year. Within this time block, roughly estimate how much time you spend performing each duty. For example, let's say you spend one day each week processing applications. Simply divide the time spent on the duty by the time block: 1 day divided by 5 days ($1/5 = 20\%$). When all of your percentages are added together, the total should be 100%.

Question #12 – JOB DUTIES IN ORDER OF IMPORTANCE:

List your job duties in order of importance. Write as many task statements as necessary to produce a clear, understandable duty. Separate the duties by skipping a line.

EXAMPLES OF POOR and GOOD DUTY STATEMENTS

POOR STATEMENT

Assists in handling correspondence.

Maintains grounds and landscape areas.

Do general kitchen work.

I administer all nutritional programs in the county.

GOOD STATEMENT

Receives opens, time stamps, & routes incoming mail.

Mows lawn, with power mower & hand movers; rakes & weeds grounds.

Cleans & cuts fruits & vegetables; makes salad dressings; serves at steam table; washes pots & dishes & stores utensils & food; bakes cookies & tarts, 1 or 2 times per month.

Plans & schedules field visits for nutritionist within county; reviews individual nutrition plans for adequacy & for conformance with program guidelines; maintains activity & statistical records; meets with other health administrator within district to help coordinate services.

Go to **Part I** of the Position Audit Questionnaire and begin answering the questions. You have thirty days to complete the form from the time of receipt. After you have answered Questions #1 through #22 in Part I, return your Position Audit Questionnaire to the following address:

**COUNTY HUMAN RESOURCES DEPARTMENT
COUNTY ADMINISTRATION BUILDING
451 W. THIRD STREET, 9th FLOOR
DAYTON, OHIO 45422**

**MONTGOMERY COUNTY BOARD OF COMMISSIONERS
POSITION AUDIT QUESTIONNAIRE (Part I)**

TO BE COMPLETED BY EMPLOYEE

| | |
|---|---|
| 1. Employee's Name | 2. Class # and County Title |
| 3. Immediate Supervisor's Name and County Title | 4. Name and Phone # of your Human Resources Representative |
| 5. Agency Name and Work Address | 6. Employee's Work Phone # Area Code () - |
| | 7. Position Control Number |
| 8. Normal Working Hours From: To: | 9. Check Boxes if Applicable <input type="checkbox"/> Rotating Days Off <input type="checkbox"/> Work Weekends <input type="checkbox"/> Flexible Work Hours |
| 10. What is the main purpose of your job? | |
| 11. % | 12. Job Duties |
| | |
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| | |

13. List any machine, tools or equipment used in your work and SHOW TIME SPENT using each. Vehicles, hand or power tools, office equipment, computer, laboratory instruments and similar things should be listed. Total of percentages in this case generally equals less than 100%.

| % of TIME | MACHINE, TOOL, EQUIPMENT | OPERATION PERFORMED |
|-----------|--------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

14. Do you use a computer or similar equipment? () Yes () No

If "Yes", do you perform any of the following? (Check Yes or No)

| | <u>Yes</u> | <u>No</u> | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|----------------------------------|------------|-----------|
| Edit Data | () | () | Write Original Computer Programs | () | () |
| Enter Data | () | () | Systems Programming | () | () |
| Verify Data | () | () | Systems Designing | () | () |
| Word Processing | () | () | | | |
| Develop computer reports using software packages (like Microsoft Office Suite or alternative spreadsheets, word processing programs, or presentation software) | | | | () | () |
| Other: _____ | | | | () | () |

If your work requires typing/word processing, indicate the percent of time spent. _____%

15. Supervisory Responsibilities

Complete the following **only if you supervise other county employees**. Lead work is not considered supervisory for purposes of this questionnaire. List all positions, which you supervise and check your Level of Authority. Group positions for which you have the same authority into the same box below. Provide the number of employees directly and indirectly supervised at the end of the question.

Number supervised directly: _____

Number supervised through subordinate supervisors: _____

Total supervised: _____

Class titles of persons supervised and number of employees assigned to each:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

DEFINITIONS:

No authority: Do not do the action indicated. **Recommend:** Make a specific suggestion to your supervisor but the supervisor decides and takes the necessary action. **Prior Approval:** Get supervisor's approval and then you take action. **Inform Supervisor:** Take action and then inform your supervisor of what has been done. **Appoint:** Select an employee for a vacant position. **Promote:** Move one employee you supervise to another vacant position at a higher range which you also supervise. **Transfer:** Move an employee from one position you supervise to another position at the same salary range. **Suspend:** Place an employee in non-pay, non-duty status. **Discharge:** Dismiss an employee for just cause. **Settle Grievance:** Hear and resolve formal complaints.

| POSITION TITLE | LEVEL OF AUTHORITY | | | |
|----------------------------------|--------------------|-----------|----------------|-------------------|
| | No Authority | Recommend | Prior Approval | Inform Supervisor |
| Appoint | | | | |
| Promote | | | | |
| Transfer | | | | |
| Suspend | | | | |
| Discharge | | | | |
| Settle Grievances | | | | |
| Approve Leave | | | | |
| Complete Performance Evaluations | | | | |
| Assist/Check Work | | | | |
| Set Priorities & Schedules | | | | |

16. Degree of supervision received.

- Work checked closely and frequently
- Occasionally checked, (general instruction given)
- Work done independently, (except for policy guidelines)

17. What work actions or decisions do you make without prior approval from your supervisor?

18. In what work situations do you require advice or guidance from your supervisor?

19. List the classification that is in your opinion, more appropriate for the duties that you perform.

Class Title _____ Class Number _____

Class Title _____ Class Number _____

Class Title _____ Class Number _____

20. Identify the names of other employees who perform the same job as you, but whose positions are classified differently.

| <u>Name</u> | <u>Class Number</u> | <u>Class Title</u> |
|-------------|---------------------|--------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

21. Employee's Comments: Is there anything else you wish to tell about your duties? (If yes, write it below.)

Are you attaching additional documentation to the Position Audit Questionnaire? () Yes () No

22. Employee's Certification

I certify that the above statements and responses are accurate and complete to the best of my knowledge.

Signed: _____

Date: _____