

**MONTGOMERY COUNTY BOARD OF COMMISSIONERS
POSITION AUDIT QUESTIONNAIRE (Part II-III)
INSTRUCTIONS**

TO THE SUPERVISOR:

As the supervisor of the employee named in the Position Audit Questionnaire, you should recommend or have the authority to hire, suspend, layoff, recall, promote, discharge, assign, reward or discipline. Lead workers are not supervisors for purposes of this questionnaire. If you do not recommend or have this authority, please contact the human resources office so that the person who is the employee's supervisor can be identified to complete this questionnaire.

Answer all questions in **Part II**, Questions #23 through #27, and deliver it to your manager within fourteen days of receipt. **DO NOT copy information from a county classification specification, as it will not be accepted.**

TO THE MANAGER:

Complete **Part III**, Questions #28 through #30, within five days of receipt from the supervisor. Please write the employee's name at the top of an updated position description and staple to the top of this questionnaire. (An updated position description is one with the signature date within six months from the date the employee requested the job audit.)

Please forward the completed documents to:

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

PART II: TO BE COMPLETED BY THE SUPERVISOR

Name of Employee: _____

Answer questions #23 through #27. The completed questionnaire should be delivered to your department's manager within fourteen days from receipt.

23. Summarize the employee's job duties, with the most important job duty group to be listed first and all others in decreasing order of importance. Include equipment operated, if any. Cite a percentage of time for each job duty group cited. The total percentage must equal 100%. Be specific.

%	Job Duties

24. 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: _____

25. Are any of the employees or positions cited in your response to Question #24 in a classification different than the employee who requested the job audit? Check the appropriate blank. () Yes () No

If yes, list the classification numbers and titles.

<u>Class Number</u>	<u>Class Title</u>
_____	_____
_____	_____
_____	_____

DEFINITIONS:

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

POSITION(S) 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				

26. List the names or position control numbers of those performing the same or similar duties as this employee.

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

Supervisor's Signature: _____ Date: _____

Work Phone Number: _____

PART III. TO BE COMPLETED BY THE MANAGER

Complete Questions #28 through #30, within five days of receipt from the supervisor.

28. As the management representative, do you agree or disagree with the information furnished by the supervisor? Check the blank that is appropriate.

Agree Disagree

If you disagree, please outline the points of disagreement below.

Question #	Comments / Correct Response

28. List additional department comments, which may have impact on the final decision.

29. Certification by Manager

Signed: _____

Date: _____ Work Phone: _____

After you have completed Part III, write the employee's name on the position description, staple it to the front of Part II – III of the Position Audit Questionnaire and forward the document to:

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