

STATE POSITION CLASSIFICATION QUESTIONNAIRE

FOR CIVIL SERVICE COMMISSION USE

NEW JERSEY CIVIL SERVICE COMMISSION DIVISION OF STATE & LOCAL OPERATIONS

S&LO
LOG NO.

IMPORTANT: Full instructions for completing this form are located on the last page. It is most important that employees and supervisors read them carefully. The form must be signed by the employee, his or her supervisor, the Program Manager or Division Director and the Appointing Authority Representative.

EMPLOYEE
ID #

CSS
REQUEST NO.

INCOMPLETE REQUESTS WILL BE RETURNED.

1. NAME OF EMPLOYEE (IF ANY)		2. ANNUAL SALARY (<i>Current</i>)	3. POSITION NO.	4. CODE (<i>Range and Title</i>)
5. OFFICIAL CIVIL SERVICE TITLE			6. WORKING TITLE (<i>If different</i>)	
7. LOCATION OF POSITION (<i>Geographic location, Unit, Section, Division, Institution, or Department</i>)				
7A. EMPLOYEE WORK OR HOME MAILING ADDRESS				
8. REQUESTED TITLE (<i>This is a required field for appeals.</i>)				

9. WORK (DUTIES) PERFORMED - Describe in detail the work required of this position. Make descriptions so clear that persons unfamiliar with the work can understand exactly what is done. **You MUST also explain how the duties at issue are more appropriate to the requested title than your current title.** **NOTE:** If this is a vacant position or a new position request, the form must be completed by the supervisor of the position and certified for accuracy by the Appointing Authority Representative.

Percent of Time	Work (Duties) Performed	Order of Difficulty

ITEM 9 CONTINUED

Percent of Time	Work (Duties) Performed	Order of Difficulty

10. REGULAR SCHEDULE OF WORK HOURS					
DAY	FROM	TO	DAY	FROM	TO
<i>Monday</i>			<i>Friday</i>		
<i>Tuesday</i>			<i>Saturday</i>		
<i>Wednesday</i>			<i>Sunday</i>		
<i>Thursday</i>			Length of Lunch Period - - - - -		
Total Hours Worked Per Week - - - - -					

10 A. EXPLAIN ROTATION OF SHIFTS, IF ANY

QUESTIONNAIRE CONTINUED

11. TYPE OF SUPERVISION RECEIVED (Check One — See definitions on page 5)

- CLOSE
 LIMITED
 GENERAL
 OTHER (Explain) _____

12. Does this position supervise other employees?

- YES (If yes, complete Items A thru E) NO
 A. Occasionally? [or] Regularly?
 B. Responsible for the preparation of performance evaluations? YES NO
 C. Assign work? YES NO
 D. Review completed work of employees supervised? YES NO

E. List the names and titles of the employees supervised directly.
(If the employees supervised comprise one or more complete units, include the names of the units)

13. CERTIFICATION OF EMPLOYEE



I CERTIFY that I have read the instructions and the entries made above are my own and, to the best of my knowledge, are accurate and complete.

SIGNATURE DATE

14. STATEMENTS OF IMMEDIATE SUPERVISOR

A. Comments on Statements of Employee

Check here if continued on additional sheets.

B. What do you consider the most important duties of this position?

Check here if continued on additional sheets.

C. List those knowledges and abilities necessary for standard performance of the job to be done by an incumbent of this position

Check here if continued on additional sheets.

D. I AGREE DISAGREE with the employee's description of job duties.

E. I AGREE DISAGREE with the employee's cited percentage of time.

F. I AGREE DISAGREE with the title proposed by the employee.

If you disagree with any of the above-stated factors, explain the nature of the disagreement here:

Check here if continued on additional sheets.

OFFICIAL CIVIL SERVICE TITLE
(Working title if different)

SIGNATURE

DATE

15. STATEMENTS OF PROGRAM MANAGER OR DIVISION DIRECTOR

- A. I **AGREE** **DISAGREE** with the employee's description of job duties.
- B. I **AGREE** **DISAGREE** with the employee's cited percentage of time.
- C. I **AGREE** **DISAGREE** with the title proposed by the employee.

If you disagree with any of the above-stated factors, explain the nature of the disagreement here:

* You must forward this form within 15 days of the employee's submission of the appeal to the supervisor, to your agency representative along with a copy of the employee's most recent performance evaluation form.

Check here if continued on additional sheets.

OFFICIAL CIVIL SERVICE TITLE
(Working title if different)

SIGNATURE

DATE

16. STATE APPOINTING AUTHORITY REPRESENTATIVE SIGNATURE



In State service, the agency representative's signature certifies the information in accordance with 4A:3-3.9(c)1 through 3.



A copy of the employee's most recent performance evaluation and an organizational chart are attached.

OPTIONAL

I recommend that this appeal be **GRANTED** **REJECTED**

REASON:

Check here if continued on additional sheets.

OFFICIAL CIVIL SERVICE TITLE
(Working title if different)

SIGNATURE

DATE

INSTRUCTIONS FOR COMPLETING STATE POSITION CLASSIFICATION QUESTIONNAIRE (DPF-44S)

NOTE: If this is a vacant position or a new position request, this form must be completed by the supervisor of the position and certified for accuracy by the Appointing Authority.

Please read these instructions carefully before filling out the Position Classification Questionnaire.

This form is used to obtain information about a position. It will be used to determine the classification or to determine a rate of pay. Therefore, be as clear and accurate as possible and fill out the form completely. Be specific and illustrate statements with examples. If more space is needed to answer any of the items, attach an additional sheet and identify each item by its number.

This form must be completed in its entirety. Should any of the fields be left blank, the package will be returned to the appointing authority and the appeal will not be considered received by the Civil Service Commission (i.e. CSC's 180-day review period will not commence). Appeals are considered received by the CSC (and our 180-day review period begins) when a complete package is received.

This form is to be completed by you in your own words. Your supervisor and department head will review your Position Classification Questionnaire to determine the completeness and accuracy of the statements and to clarify or give additional information concerning your duties and responsibilities. Under no circumstances, however, should the supervisor or the department head change the answers as given and certified by you. In the space provided, they may make whatever statements they think are necessary before signing the report. State your name in Item 1 and complete Items 6 through 13. Items 2 through 5 will be completed by your personnel office. Remember to sign your name in Item 13. Give the completed questionnaire to your supervisor.

ITEM 8 - You must indicate the title which you feel is a more appropriate classification of your position. This is a required field. If this field is left blank, the form will be returned.

ITEM 9 - The answer to this item requires an exact account of what you do. Describe your "whole job" or year-round duties, not just those which might be performed during rush or peak periods of activity or when you are substituting for other persons. Start with your most important duties and describe your least important duties last. Use a separate paragraph for each major duty. In the column at left indicate as best you can the percentage of time you devote to each duty. The position's supervisor will complete the information requested in the right hand column.

You MUST also explain how the duties at issue are more appropriate to the requested title than your current title. For example, how does the job specification for your current title significantly differ from the major duties you are assigned to perform? How is the job specification for the requested title a more appropriate description of the major duties you are assigned to perform? What are the reasons you believe your position is erroneously classified? You should reference the specific information listed in the job specification for the requested title that supports your point of view, as well as the specific areas of disagreement you have with the job specification for your current title.

EXAMPLES OF GOOD AND POOR DUTIES STATEMENTS	
Poor Statements	Good Statements
Assist in handling correspondence. ●●●●●●●●●●	Receive, open, time stamp, and route incoming mail.
Maintain grounds and landscaped areas. ●●●●●●●●	Mow lawn with power mower and hand mowers. Trim trees from ground and from ladder, using power saws. Lubricate mowers.
I do finish concrete work. ●●●●●●●●●●●●●●●●	Place forms; mix, pour and finish concrete walks and curbing.
Keep claim registers. ●●●●●●●●●●●●●●●●	Prepare registers of all claims showing allocation of budget expenditures and total amount of expenditures for month in which claims are made.
Do general kitchen work. ●●●●●●●●●●●●●●●●	Clean and cut fruits and vegetables. Make salad dressings. Serve at steam table. Wash pots and dishes and store away utensils and foods. Once or twice a month, bake cookies and tarts.
Our unit is responsible for keeping all purchasing records. ●●	I compare invoices with purchase orders. Review requisitions submitted by the different departments for accuracy, then give them to the Purchasing Agent for his or her OK.

ITEM 11 - Before you complete Item 11, the following definitions will be helpful in making your choice of the type of supervision you receive.

- **CLOSE SUPERVISION:** Work is performed according to detailed instructions and supervision is available on short notice.

- **LIMITED SUPERVISION:** Incumbent proceeds on his/her own initiative while complying with policies, practices, and procedures prescribed by the supervisor. The supervisor generally answers questions only on the more important phases of the work.

- **GENERAL SUPERVISION:** Work is performed independently. The incumbent seldom refers matters to supervisor except for clarification of policy.

- **OTHER:** If your work is supervised in a manner different from all of the above, please describe briefly how your work is assigned and supervised.

INSTRUCTIONS FOR SUPERVISORY STAFF

ITEM 14 - If you are a supervisor reviewing this form, you should remember that your certification means you accept responsibility that the statements made constitute a true description of the duties and responsibilities of the position. If the description does not meet with your idea of the position, it is your responsibility to see that statements made are qualified or elaborated upon in your comments. Under no circumstances, however, are the employee's statements to be changed. However, you are asked to determine the order of difficulty of each duty performed. Under Item 9 in the column at right, cite the order of difficulty of duties performed by assigning the number one (1) to the most difficult, the number two (2) to the next most difficult, etc. Keep in mind that the most important duty performed by this position may not be the most difficult, nor the one on which the greatest percentage of time is spent.

You should review the completed and signed form for correctness, completeness, and accuracy of statements. You must indicate agreement or disagreement with the employee's description of duties, cited percentage of time and the title proposed by the employee. If you disagree with any of those factors, explain the nature of the disagreement in the space provided. Sign the form, and forward it to the program manager or division director.

ITEM 15 - The program manager or division director **MUST** indicate his or her agreement or disagreement with the employee's description of duties, cited percentage of time and the title proposed by the employee. If you disagree with any of those factors, explain the nature of the disagreement in the space provided. Additional comments may be written in the space provided. Sign the form, attach a copy of employee's most recent performance evaluation and forward it to your Personnel Office.

APPOINTING AUTHORITY SIGNATURE

ITEM 16-The appointing authority or designated representative must ensure that a copy of the employee's most recent performance evaluation and an organizational chart are included in the package and should then check the box. You may indicate whether you agree or disagree with the appeal and include a reason if desired. Sign the form and forward the completed package to the Civil Service Commission.