**JOB EVALUATION QUESTIONNAIRE**

**ANSWER SHEET**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| DO NOT WRITE IN THIS SPACE | | | | | | | |
| N.C. | Date Received | | Reclass  or  Survey | JEQ # | Class Title | | Class # |
| Schedule/Range/BU | | Monthly Min - Max | | New Probationary Period  Yes  No  NA  New Starting Date in Class  Yes  No  NA  (NA if Temporary Job) | | | Notice # |
| Effective Date | | If Reclassified, is Incumbent Certifiable?  Yes  No | | | | Approved For: Date  Notice  Letter | |
| Personnel Notes | | | | | | Reviewed By: | |

THIS FORM IS TO BE USED WITH THE JOB EVALUATION QUESTIONNAIRE (BA 802) ONLY FOR POSITIONS COVERED BY CIVIL SERVICE OF AFSCME UNIT 6 OR 7, EXCLUDING RATE ARRANGED POSITIONS.

RECLASSIFICATION REQUEST OR SURVEY:

Employee completes and forwards to supervisor for completion. Supervisor forwards to the Department Head and Dean or Vice President, for approvals, and then to the Human Resources Consultant.

Please note that reclassifications or survey requests are to be submitted ONLY when substantial changes in the assigned duties have occurred. Reclassifications/surveys SHOULD NOT be requested to:

1) reward meritorious performance; 2) Recognize increases in the volume of work assigned to a position; or 3) Address any other minor changes in assigned responsibilities.

For interpretation clarification, contact your Human Resources Consultant.

**Please Type or Use Black Ink In The Completion Of This Form**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **COMPLETE ALL SECTIONS IN THIS SPACE** | | | | | | | |
| Empl ID | Name (First) (Middle) (Last) | | | | | Phone #  ( ) - | |
| Department/Entity | | Campus Mailing Address | | | | Fund & DeptID (Combo Code) | |
| Present Class Title | | | Class # | BU Code | Student?  Yes  No | | Temp Position?  Yes  No |
| Requested Class Title | | | Class # | BU Code | Reclass  Survey  Vacancy | | Payroll  Biweekly  Regular |

SUPERVISOR: Describe the major responsibilities of this position and indicate the percent of time spent on each one, or attach a current job description which includes the percent of time spent on each major responsibility.

Yes  No Do the current job duties require a typing speed of 50 words per minute?

Yes  No Do the job duties require more than 80% of the time to be spent doing word processing?

|  |
| --- |
| Please read the instructions on page 1 of the Job Evaluation Questionnaire thoroughly before completing this answer sheet. |

**University of Minnesota BA Form 803 GS92167**

**SKILL**

**1. Skill: Working with Machines, Plants, and Animals**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SUPV** | | **EMPL** |
| Description | a.  b.  c.  d.  e.  f. g.  h.  i.  j.  k.  l. |  |  |

**2. Machine, Plants, and Animals: Unit Affected**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SUPV** | | **EMPL** |
| Description | a.  b.  c.  d.  e.  f.  g.  h.  i.  j. |  |  |

**3. Machines, Plants, Animals: Errors**

|  |
| --- |
| Description |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Supervisor** | | | **Employee** | | |
| a. NONE |  | | |  | | |
|  |  |  |  |  |  |  |
| or | 1 | 2 | 3 | 1 | 2 | 3 |
| b. Section 1 |  |  |  |  |  |  |
| Section 2 |  |  |  |  |  |  |
| Section 3 |  |  |  |  |  |  |

**4. Skill: Working with Data (Facts)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SUPV** | | **EMPL** |
| Description | a.  b.  c.  d.  e.  f.  g.  h.  i. |  |  |

**5. Data (Facts): Unit Affected**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SUPV** | | **EMPL** |
| Description | a.  b.  c.  d.  e.  f.  g.  h.  i.  j. |  |  |

**6. Data (Facts): Errors**

|  |
| --- |
| Description |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Supervisor | | | Employee | | |
| a. NONE |  | | |  | | |
| or |  | | |  | | |
|  | 1 | 2 | 3 | 1 | 2 | 3 |
| b. Section 1 |  |  |  |  |  |  |
| Section 2 |  |  |  |  |  |  |
| Section 3 |  |  |  |  |  |  |

**7. Skill: Working with People (Standard English)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SUPV** | | **EMPL** |
| Description | a.  b.  c.  d.  e.  f.  g.  h.  i.  j.  k. |  |  |

**8. Skill: Writing (Standard English)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SUPV** | | **EMPL** |
| Description | a.  b.  c.  d.  e.  f.  g.  h. |  |  |

**9. Skill: Working with People (Technical Terms)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SUPV** | | **EMPL** |
| Description | a.  b.  c.  d.  e.  f.  g.  h.  i.  j.  k.  l.  m. |  |  |

**10. Skill: Writing (Technical Terms)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SUPV** | | **EMPL** |
| Description | a.  b.  c.  d.  e.  f.  g.  h.  i. |  |  |

**11. Contacts with People: Unit Affected**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SUPV** | | **EMPL** |
| Description | a.  b.  c.  d.  e.  f.  g.  h.  i. |  |  |

**12. Contacts with People: Errors**

|  |
| --- |
| Description |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Supervisor | | | Employee | | |
|  | 1 | 2 | 3 | 1 | 2 | 3 |
| b. Section 1 |  |  |  |  |  |  |
| Section 2 |  |  |  |  |  |  |
| Section 3 |  |  |  |  |  |  |

**KNOWLEDGE**

**13. Knowledge: General Information Required**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SUPV** | | **EMPL** |
| Description | a.  b.  c.  d.  e.  f. |  |  |

**14. Knowledge: On-the-job Experience**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SUPV** | | **EMPL** |
| Description | a.  b.  c.  d.  e.  f.  g. |  |  |

**15. Knowledge: Non-University Organization**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SUPV** | | **EMPL** |
| Description | a.  b.  c.  d.  e.  f.  g. |  |  |

**16. Knowledge: Continuing Education**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SUPV** | | **EMPL** |
| Description | a.  b.  c.  d.  e. |  |  |

**17. Knowledge: One-time-only Projects**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SUPV** | | **EMPL** |
| Description | a.  b.  c.  d.  e.  f. |  |  |

**INDEPENDENT JUDGEMENT**

**18. Independent Judgement: Procedures**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SUPV** | | **EMPL** |
| Description | a.  b.  c.  d.  e. |  |  |

**19. Independent Judgement: Guidelines Available**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SUPV** | | **EMPL** |
| Description | a.  b.  c.  d.  e.  f. |  |  |

**PHYSICAL EFFORT**

**20. Physical Effort: Strain Body/Senses**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SUPV** | | **EMPL** |
| Description | a.  b.  c.  d.  e.  f.  g. |  |  |

**MENTAL EFFORT**

**21. Mental Effort: Complexity of Work**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SUPV** | | **EMPL** |
| Description | a.  b.  c.  d.  e. |  |  |

**22. Mental Effort: Initiating/Planning**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SUPV** | | **EMPL** |
| Description | a.  b.  c.  d.  e.  f. |  |  |

**23. Mental Effort: Problem Solving**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SUPV** | | **EMPL** |
| Description | a.  b.  c.  d.  e. |  |  |

**24. Problem Solving: Unit Affected**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SUPV** | | **EMPL** |
| Description | a.  b.  c.  d.  e.  f.  g.  h.  i. |  |  |

**25. Problem Solving: Errors**

|  |
| --- |
| Description |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Supervisor | | | Employee | | |
|  | 1 | 2 | 3 | 1 | 2 | 3 |
| b. Section 1 |  |  |  |  |  |  |
| Section 2 |  |  |  |  |  |  |
| Section 3 |  |  |  |  |  |  |

**RISK**

**26. Risk: Severity of Illness/Injury**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SUPV** | | **EMPL** |
| Description | a.  b.  c.  d.  e.  f.  g. |  |  |

**27. Risk: Hours Exposed/Week**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SUPV** | | **EMPL** |
| Description | a.  b.  c.  d.  e.  f. |  |  |

**28. Risk: Safety of Others**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SUPV** | | **EMPL** |
| Description | a.  b.  c.  d.  e. |  |  |

**29. Risk: Number of Individuals Protected**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **A. Directly** | | |
|  | **SUPV** | | **EMPL** |
| Describe Number | a.  b.  c.  d.  e. |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **B. Indirectly** | | |
|  | **SUPV** | | **EMPL** |
| Describe Number | a.  b.  c.  d.  e.  f. |  |  |

**30. Risk: Severity of Illness/Injury**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SUPV** | | **EMPL** |
| Description | a.  b.  c.  d.  e.  f. |  |  |

**SUPERVISION**

**A. Final Supervisory Authority**

|  |
| --- |
| Description |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Supervisor** | | **Employee** | |
|  | Yes | No | Yes | No |
| 31. Reward |  |  |  |  |
| 32. Discipline |  |  |  |  |
| 33. Hire |  |  |  |  |
| 34. Grievances |  |  |  |  |
| 35. Evaluation |  |  |  |  |

**B. Authority to Recommend**

|  |
| --- |
| Description |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Supervisor** | | **Employee** | |
|  | Yes | No | Yes | No |
| 36. Recommend hire |  |  |  |  |
| 37. Recommend discipline |  |  |  |  |
| 38. Recommend reward |  |  |  |  |
| 39. Recommend grievances |  |  |  |  |
| 40. Recommend evaluation |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | **Supervisor** | **Employee** |
| 41. Recommendations put into effect | | |
| a. Almost always |  |  |
| b. Most of the time |  |  |
| c. Sometimes |  |  |
| d. Not often |  |  |
| e. Not applicable |  |  |

**C. Related Supervisory Responsibilities**

|  |
| --- |
| Description |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Supervisor** | | **Employee** | |
|  | Yes | No | Yes | No |
| 42. Train |  |  |  |  |
| 43. Teach |  |  |  |  |
| 44. Orient |  |  |  |  |
| 45. Evaluate/report |  |  |  |  |
| 46. Review work |  |  |  |  |
| 47. Assign work |  |  |  |  |
| 48. Direct work |  |  |  |  |

**49. Supervision: How many people**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SUPV** | | **EMPL** |
| Description | a.  b.  c.  d.  e. |  |  |

**50. Supervision: Hours/Week**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SUPV** | | **EMPL** |
| Description | a.  b.  c.  d.  e. |  |  |

**51. Supervision: Unit Affected**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **SUPV** | | **EMPL** |
| Description | a.  b.  c.  d.  e.  f.  g.  h.  i.  j. |  |  |

**52. Supervision: Errors**

|  |
| --- |
| Description |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Supervisor | | | Employee | | |
| a. NONE |  | | |  | | |
| or |  | | |  | | |
|  | 1 | 2 | 3 | 1 | 2 | 3 |
| b. Section 1 |  |  |  |  |  |  |
| Section 2 |  |  |  |  |  |  |
| Section 3 |  |  |  |  |  |  |

THIS QUESTIONNAIRE WILL NOT BE PROCESSED WITHOUT APPROPRIATE SIGNATURES

Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_\_

If there is disagreement,  I have/  have not discussed my answers with the employee.

|  |  |
| --- | --- |
| **Supervisor Signature**  **Please**  **TYPE or**  **PRINT:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_\_  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_  Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Campus Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

If there is disagreement,  I have/  have not discussed my answers with the employee.

|  |  |
| --- | --- |
| **Department Head Signature**  **Please**  **TYPE or**  **PRINT:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_\_  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_  Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Campus Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

If there is disagreement,  I have/  have not discussed my answers with the employee.

|  |  |
| --- | --- |
| **Dean or Administrative Officer Signature**  **Please**  **TYPE or**  **PRINT:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_\_  Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_  Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Campus Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |