

Request for Review Form

PLEASE PRINT

**Reason for Request
Please Check the Appropriate Box(es)**

Change in Job Duties and/or Responsibilities (Attach Completed Job Analysis Questionnaire)

Six-month Review of New Job (Attach Completed Job Analysis Questionnaire and Job Description)

Creation of New Job (Attach Draft Job Description and Job Analysis Questionnaire)

Requested Classification Title & Code: _____

Working Title: _____ Current Classification Code: _____ Position #: _____

Location: _____ Department: _____

Employee(s) Name & Office Telephone #: _____

Employee Position # _____

Immediate Manager's Name & Office Telephone #: _____

Immediate Manager's Working Title: _____

Explanation of Reason(s) for Job Evaluation Request:

Section 1 – INTRODUCTION

Purpose: This section provides general direction for completing the Job Analysis Questionnaire and is further supplemented by the additional instructions set out in the remaining sections of this questionnaire.

The collection of accurate, complete and up-to-date information is essential to, and forms the basis of, the job evaluation process.

The purpose of this questionnaire is to help you describe your job, and to tell us the conditions under which you carry it out so that we can analyze it. The questionnaire focuses on **CURRENT** job content and requirements. **THIS IS NOT AN APPRAISAL OF YOUR PERFORMANCE ON THE JOB.**

Please read the questionnaire carefully, and complete each section. Throughout the questionnaire examples are requested and are important as you describe the job.

Your Manager will review your completed questionnaire and add comments at the end of each section. Feel free to keep a copy of the questionnaire. Please complete the Signatures Section (18) on page 27.

Additional comments can be recorded in section 17 on page 27. Additional Manager Comments can be recorded in section 19 on page 28.

EMPLOYEE - STEPS TO FOLLOW:

1. Please read the Job Analysis Questionnaire carefully, and complete each section. If you find that some questions do not relate to your job, please write in “not applicable”.
 2. The information you provide should relate to the job content as it currently exists. When reviewing your duties and responsibilities, ensure that you consider the entire job cycle (activities that regularly occur in a one-year period).
 3. Group submissions are encouraged for employees doing the same or very similar job duties.
 4. **It is suggested that you complete sections 5 through 17 before completing sections 3 and 4. The “Sample Key Activities” may assist you in completing Section 4.**
 5. Once you have completed the Job Analysis Questionnaire, forward it to your Manager for review. Feel free to keep a copy of the Job Analysis Questionnaire. Please complete the Signatures Section (18).
 6. Your manager will review your completed Job Analysis Questionnaire and add comments at the end of each section.
- ▶ Please keep in mind that, although you are the employee(s) doing the job, what is being described are the current responsibilities of the job – not how well you are performing these tasks and responsibilities. It is important that you concentrate only on providing the facts about the job and its responsibilities.

MANAGER – STEPS TO FOLLOW:

1. Please review all sections of the completed questionnaire thoroughly and add any additional information or comments in each section.
2. **DO NOT CHANGE EMPLOYEE’S RESPONSES.**

Section 2 – JOB IDENTIFICATION

Purpose: This section gathers basic identifying material so we can keep track of completed Job Analysis Questionnaires.

Please indicate the title that is commonly used for your job. If the title in the collective agreement is different, put the collective agreement title in brackets ().

Provide your name and work telephone number(s) in case the Joint Job Evaluation Committee needs to contact you to clarify information. For group Job Analysis Questionnaire submissions, please note the name and telephone number(s) of the contact person.

Job title: _____ Date: _____

Classification: _____

Name of person completing the questionnaire for a single employee, or contact person for group questionnaire submission:

Name (Print): _____ Employee No.: _____ Work Telephone: _____

Regional Health Authority: _____ Facility/Site: _____

Department: _____

Office use only:

Position No. _____
JAQ No. _____ - _____

See Section 18 on page 28 for signatures.

Section 3 – JOB SUMMARY

Purpose: This section describes why the job exists.

Briefly describe the general purpose of this job:

Tips:
▶ Consider “Why does this job exist?” and “What is this job responsible for?”
▶ Think about what you would say if someone approached you and asked you about your job.
▶ You may wish to begin with: “The (Job Title) exists to ...” or “The (Job Title) is responsible for...”

MANAGER’S COMMENTS – JOB SUMMARY

Are the responses to this question: Complete Incomplete
Do you agree with the responses: Yes No

COMMENTS (must be completed if “Incomplete” or “No” are selected):

Manager’s Initials: _____

Section 4 – KEY WORK ACTIVITIES

Purpose: This section describes the key activities, duties and responsibilities of the job.

Consider the full range of job duties or responsibilities undertaken over the year. It is important that the **whole** job be described, not just a particular dimension or a special project. Summarize these in rough form before completing this section.

Group the job duties or responsibilities that are related and summarize them in a phrase, at the top of each box (e.g. daily accounts receivable functions, preventive maintenance, community involvement).

Estimate to the nearest 5% the percentage of time per year spent on each key work activity that you summarize in the sections below. Most jobs can be described in three to five key work activities.

The total of all key work activity sections must equal 100%. For example: ½ day every day per year = 50%; 3 months per year = 25%; 2 ½ weeks per year = 5%

After summarizing each key work activity, provide details or examples that describes the related job duties or responsibilities. If using abbreviations, acronyms (e.g. L.P.N.) or technical terminology, please initially explain their meaning.

The “Sample Key Activities” may assist you in completing this section.

Key Work Activity A: _____ (%)

Duties/Responsibilities:

MANAGER’S COMMENTS – KEY WORK ACTIVITIES

Are the responses to this question: Complete Incomplete

Do you agree with the responses: Yes No

COMMENTS (must be completed if “Incomplete” or “No” are selected):

_____ Manager’s Initials: _____

Section 4 – KEY WORK ACTIVITIES (cont'd)

Key Work Activity B: _____ (%)

Duties/Responsibilities:

Key Work Activity C: _____ (%)

Duties/Responsibilities:

MANAGER'S COMMENTS – KEY WORK ACTIVITIES

Are the responses to this question: Complete Incomplete

Do you agree with the responses: Yes No

COMMENTS (must be completed if "Incomplete" or "No" are selected):

_____ Manager's Initials: _____

MANAGER'S COMMENTS – KEY WORK ACTIVITIES

Are the responses to this question: Complete Incomplete

Do you agree with the responses: Yes No

COMMENTS (must be completed if "Incomplete" or "No" are selected):

_____ Manager's Initials: _____

Section 4 – KEY WORK ACTIVITIES (cont'd)

Key Work Activity D: _____ (%)

Duties/Responsibilities:

Key Work Activity E: _____ (%)

Duties/Responsibilities:

MANAGER'S COMMENTS – KEY WORK ACTIVITIES

Are the responses to this question: Complete Incomplete

Do you agree with the responses: Yes No

COMMENTS (must be completed if "Incomplete" or "No" are selected):

Manager's Initials: _____

MANAGER'S COMMENTS – KEY WORK ACTIVITIES

Are the responses to this question: Complete Incomplete

Do you agree with the responses: Yes No

COMMENTS (must be completed if "Incomplete" or "No" are selected):

Manager's Initials: _____

Section 5 – DECISION-MAKING

Purpose: This section gathers information about the decision-making process required on the job.

For each situation, please indicate the response that most appropriately describes your job. Provide examples where requested. Add any additional examples under “Other”.

▶ Example: if the job requires you to follow specific instructions/procedures most of the time, check the box under “Most of the time” and give examples. If the job requires you to modify established methods often, check “Often”.

(a) In this job, do you (check all responses that apply)	Almost never	Sometimes	Often	Most of the time
Follow specific instructions/procedures, use well-defined methods or use established guidelines to achieve desired end results. Example: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Modify or change established department methods and procedures, but stay within program or legislative boundaries. Example: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop new solutions to diverse and complex problems with conflicting requirements because there are no guidelines. Example: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>				
(b) When there is a situation you have not come across before, do you (check all responses that apply)	Almost never	Sometimes	Often	Most of the time
Immediately ask the supervisor/leader what to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ask co-workers for help in deciding what to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read manuals and figure out what to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decide with your supervisor what to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check guidelines and past practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decide what to do based on your related experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Get advice from management and/or other sources (e.g. supplier, consultants)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 5 – DECISION-MAKING (cont'd)

(c) To what extent is the decision-making of this job guided by others (check all responses that apply and provide examples)	Almost never	Sometimes	Often	Most of the time
Immediate supervisor Example: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others in own program/department Example: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others within the RHA Example: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Departmental Management Example: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialists / Clinical Experts Example: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senior Management Example: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Example: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MANAGER'S COMMENTS – DECISION-MAKING

Are the responses to the question: Complete Incomplete
 Do you agree with the responses: Yes No

COMMENTS (must be completed if "Incomplete" or "No" are selected):

Manager's Initials: _____

Section 6 – EDUCATION AND SPECIFIC TRAINING

Purpose: This section gathers information on the minimum level of completed formal education required for the job.

(a) What typical **minimum** level of completed schooling or formal training would be necessary for a **new person** being hired into this job? **This does not reflect the education that you have, but what is the typical minimum requirement of the job.**

(i) Completion of High School (or equivalent):

(ii) Technical/Vocational/Community College: 1 year 2 years 3 years

Specify (Do not use abbreviations): _____

(iii) Apprenticeship for Licensed Trades: 2 years 3 years 4 years 5 years

Specify (Do not use abbreviations): _____

(iv) Other :

Specify (Do not use abbreviations): _____

(b) Do you require a license or certification / registration for your job? Yes No

If yes, please specify and provide the name of the licensing / certification / registration body (do not use abbreviations):

(c) What additional special skills or training, are needed to perform the job. Indicate the length of the course/program:

Specify (Do not use abbreviations): _____

MANAGER’S COMMENTS – EDUCATION AND SPECIFIC TRAINING

Are the responses to the question: Complete Incomplete

Do you agree with the responses: Yes No

COMMENTS (must be completed if “Incomplete” or “No” are selected):

_____ Manager’s Initials: _____

Section 7 – EXPERIENCE

Purpose: This section gathers information on the minimum relevant experience required for a job. Relevant experience may include previous job-related experience and/or on-the-job learning or adjustment.

Estimate the **minimum** relevant experience gained: (a) prior to and/or (b) on-the-job, that is required for a new person with the education recorded in Section 6 to acquire the skills needed to carry out the requirements of this job.

- ▶ For part (a), ask yourself, “*Is previous related job experience necessary? If so, how much?*”
- ▶ For part (b), ask yourself, “*Is time on the job required to learn new tasks and responsibilities or to adjust to the job? If so, how much?*”
- ▶ **Do not include laboratory, practicum, clinical or apprenticeship, etc., time recorded in Section 6.**

(a) Required previous related job experience (**do not include practicum or apprenticeship if covered in Section 6 – Education and Specific Training**)

- | | | | | |
|---|-----------------------------------|----------------------------------|----------------------------------|---|
| <input type="checkbox"/> None | <input type="checkbox"/> 6 months | <input type="checkbox"/> 1 year | <input type="checkbox"/> 3 years | <input type="checkbox"/> 5 years |
| <input type="checkbox"/> Up to 3 months | <input type="checkbox"/> 9 months | <input type="checkbox"/> 2 years | <input type="checkbox"/> 4 years | <input type="checkbox"/> More (specify years) _____ |

Describe the experience requirements gained on previous jobs here or elsewhere needed to prepare for this job:

(b) Average time required on the job to learn and/or adjust to this job:

- | | | | |
|---|-----------------------------------|----------------------------------|---|
| <input type="checkbox"/> 1 month or fewer | <input type="checkbox"/> 6 months | <input type="checkbox"/> 1 year | <input type="checkbox"/> 3 years |
| <input type="checkbox"/> 3 months | <input type="checkbox"/> 9 months | <input type="checkbox"/> 2 years | <input type="checkbox"/> More (specify years) _____ |

Describe the tasks and responsibilities that need to be learned in order to satisfy the requirements of this job:

MANAGER’S COMMENTS – EXPERIENCE

- Are the responses to the question: Complete Incomplete
- Do you agree with the responses: Yes No

COMMENTS (must be completed if “Incomplete” or “No” are selected):

Manager’s Initials: _____

Section 8 – INDEPENDENT JUDGEMENT

Purpose: This section gathers information on the extent to which the job exercises independent action.

All jobs require some independent action, but to varying degrees. Some jobs are highly structured and have many formal procedures, while others require exercising judgement or taking actions that have no precedents to serve as a guide.

Consider the type and level of guidance provided to this job. Guidance can come from rules, instructions, established procedures, defined methods, manuals, policies, professional standards, precedents, leadership from others and direct supervision.

(a) To what extent does this job control its own work as opposed to being guided by rules, procedures, policies, supervisory presence or instructions directing actions required.

Please check the answer that most closely represents expected job requirements.

- Most job requirements (to the extent possible) are set out within structure and rules and/or readily understood schedules to guide job tasks/duties required.
- Some restrictions apply, but the control over setting work priorities and pace of work is contained within the job.
- There are minimal restrictions, leaving significant control over the work being carried out within the scope of the job.
- Other (please explain): _____

(b) To what extent does this job exercise judgement to determine how the work is to be done?

Please check the answer that most closely represents expected job requirements.

- Work is mostly repetitive and predictable with little need for judgement. Example: _____
- Work may present some unusual circumstances that require judgement or choices to be made. Example: _____
- Work presents difficult choices or unique situations that require judgement. Example: _____

MANAGER'S COMMENTS – INDEPENDENT JUDGEMENT

Are the responses to the question: Complete Incomplete

Do you agree with the responses: Yes No

COMMENTS (must be completed if "Incomplete" or "No" are selected):

_____ **Manager's Initials:** _____

Section 9 – WORKING RELATIONSHIPS

Purpose: This section gathers information on the typical contacts or working relationships necessary in doing the job.

(a) What are the typical contacts or working relationships **necessary** in doing this job? For each contact listed, determine the purpose of the contact and **check off all that apply** in the chart below. **Do not include contact with employees you supervise.**

Purpose of Contact:

- A -No exchange
- B -Exchange of factual or work-related information
- C -Explanation and interpretation of information or ideas
- D - Discussion of problems with a view to obtaining consent, cooperation and/or coordination of activities
- E – Secure cooperation of others for the development of services, programs, policies or agreements on behalf of the Program / Department
- F – Negotiation of service and / or supply agreements

Work Related Contact	CHECK OFF ALL THAT APPLY (more than one, if applicable)					
	A	B	C	D	E	F
Employees in the same department						
Employees in another department/site/agency (specify)						
Students						
Managers/supervisors of programs/departments or services						
Clients/patients/residents						
Family of clients/patients/residents						
Physicians						
Business representatives						
Suppliers/contractors						
Volunteers						
General Public						
Other health care organizations or agencies (e.g. VON, Red Cross, Nursing Homes)						
Professional organizations/agencies						
Government departments						
Other Regional Health Authorities						
Community Agencies						
Police and Ambulance						
Foundations						
Others (specify)						

Section 9 – WORKING RELATIONSHIPS (cont'd)

▶ Questions (b) to (j) that follow provide a series of situations that may be encountered in your job. Please provide the response that fits best for each situation. Provide examples or specify where requested.

HOW OFTEN DOES YOUR JOB REQUIRE YOU TO:	Almost never	Sometimes	Often	Most of the time
(b) Have to tell people things they <u>DO NOT</u> want to hear?				
▪ Other employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Client / patients / residents / families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ The general public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Have contact with very upset or very angry:				
▪ Clients / patients / residents / families (not other workers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Outside groups (not other workers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ General public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Other employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Physicians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Have contact with extreme / special needs clients / patients / residents?				
Specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Talk with clients / patients / residents to:				
▪ Get information from them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Inform them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Advise them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Devise mutual goals / objectives with them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Check on their progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f) Talk with families to:				
▪ Get information from them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Inform them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Advise them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Devise mutual goals / objectives with them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Check on their progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g) Talk with physicians to:				
▪ Get information from them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Inform them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Devise mutual goals / objectives with them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 9 – WORKING RELATIONSHIPS (cont'd)

HOW OFTEN DOES YOUR JOB REQUIRE YOU TO:		Almost never	Sometimes	Often	Most of the time
(h) Talk with general public to:	▪ Provide information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Respond to questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Make presentations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) Talk with other employees to:	▪ Get information from them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Inform them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Advise / persuade them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Give them advice on work procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Get advice from them on work procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Get cooperation from other parts of the organization on projects and programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(j) Talk to vendors, contractors, consultants, government agencies and/or other external groups or organizations to:	▪ Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Get information from them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Confer with peer professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Inform them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Arrange for services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Devise mutual goals/objectives with them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Lead meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	▪ Check on their progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(k) Other (specify):	_____				

MANAGER'S COMMENTS – WORKING RELATIONSHIPS

Are the responses to the question: Complete Incomplete

Do you agree with the responses: Yes No

COMMENTS (must be completed if “Incomplete” or “No” are selected):

Manager's Initials: _____

Section 10 – IMPACT OF ACTION

Purpose: This section gathers information on the likelihood of impact of action occurring when carrying out the duties of the job.

When carrying out your job duties and responsibilities, what is the likelihood of your actions having an impact or an outcome on the following? Such effects are typical and not considered as carelessness, willful neglect or extreme circumstances.

Safety of others Is an impact likely? Yes No
 If yes, please provide an example(s): _____

Client / patient / resident relations Is an impact likely? Yes No
 If yes, please provide an example(s): _____

Family of clients / patients / residents Is an impact likely? Yes No
 If yes, please provide an example(s): _____

Provision of services Is an impact likely? Yes No
 If yes, please provide an example(s): _____

Departmental / site / agency / region operations Is an impact likely? Yes No
 If yes, please provide an example(s): _____

Equipment / instruments Is an impact likely? Yes No
 If yes, please provide an example(s): _____

Reports and records Is an impact likely? Yes No
 If yes, please provide an example(s): _____

Financial resources Is an impact likely? Yes No
 If yes, please provide an example(s): _____

Other – Is an impact likely? Yes No
 If yes, please provide an example(s): _____

MANAGER’S COMMENTS – IMPACT OF ACTION

Are the responses to the question: Complete Incomplete
 Do you agree with the responses: Yes No

COMMENTS (must be completed if “Incomplete” or “No” are selected):

 _____ **Manager’s Initials:** _____

Section 11 – LEADERSHIP/SUPERVISION

Purpose: This section gathers information on the requirements to supervise others, lead others and provide technical direction to enable them to carry out their job.

(a) Leadership refers to the requirements of the job to supervise, provide leadership and direction to enable other employees to carry out their jobs. Include students, volunteers and/or employees that report to this job. **Do not include clients/patients/residents.**

Specify any jobs or work group as appropriate, under one or more of these categories. **Check all that apply and provide examples.**

Examples

- Provide occasional orientation to others _____
- Assign and/or check work of others doing work similar to yours _____
- Lead a project team, prioritize tasks, assign work, monitor progress to achieve planned outcome(s) _____
- Provide advice/instruction to others in how to carry out work tasks _____
- Provide technical direction as an expert in a field in order for others to carry out their primary job responsibilities _____
- Provide input to performance appraisal, and/or hiring _____
- Coordinate replacement and/or scheduling of employees _____
- Supervise a work group; assign work to be done, methods to be used, and take responsibility for all the group _____
- Supervise the work, practice and procedures of a defined program _____
- Supervise the work, practices and procedures of a department _____
- Provide health promotion/outreach (teaching/instruction) _____
- Other (specify) _____

Section 11 – LEADERSHIP/SUPERVISION (cont'd)

(b) Which statement best describes your responsibility for supervision of the work of others?

- No responsibility for supervision of others
- Supervise others who do essentially the same work
- Supervise others who hold different positions within the same area of activity
- Supervise others who hold different positions within different areas of activity
- Other (specify): _____

(c) How many people do you supervise? _____

MANAGER’S COMMENTS – LEADERSHIP/SUPERVISION

Are the responses to the question: Complete Incomplete

Do you agree with the responses: Yes No

COMMENTS (must be completed if “Incomplete” or “No” are selected):

Manager’s Initials: _____

Section 12 – PHYSICAL DEMANDS

Purpose: This section gathers information on the type and duration of physical effort required on a regular basis in your job.

(a) What **physical effort** is required on a **regular** basis for your job? Please provide examples that are applicable to your job.

- ▶ Duration means individual periods of **uninterrupted time** (except for scheduled breaks) – i.e. how long you have to perform the activity each time.
- ▶ Frequency means **how often** each activity occurs within the day or week.

Place a checkmark in the chart below indicating the weight, duration and frequency of the activity. **Only indicate weight where applicable.**

Light weight – up to 6 ½ kg / 15 lbs

Occasional – Once in a while

Medium weight – over 6 ½ kg / 15 lbs but less than 13kg / 30 lbs

Frequent – Several times a day, or at least four days per week

Heavy weight – over 13kg / 30 lbs

- ▶ Exertions that are infrequent or that are not typical of the performance of the job should not be considered.

ACTIVITIES	DURATION			FREQUENCY		WEIGHT Light (L), Medium (M), Heavy (H) (specify)
	Up to and including 1 hr each time	Over 1 hr up to 2 hrs each time	More than 2 hrs each time	Occasional	Frequent	
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Working in awkward positions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Working in confined spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Keyboarding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lifting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pushing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pulling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maintaining one position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stretching / reaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Repetitive motion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Crouching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Others (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 12 – PHYSICAL DEMANDS (cont’d)

MANAGER’S COMMENTS – PHYSICAL DEMANDS

Are the responses to the question: Complete Incomplete

Do you agree with the responses: Yes No

COMMENTS (must be completed if “Incomplete” or “No” are selected):

_____ Manager’s Initials: _____

Section 13 – DEXTERITY

Purpose: This section gathers information on the degree of dexterity, coordination and precision of movements required to perform the job duties.

(a) Does your work require **accurate hand/eye or hand/foot coordination**? This can be:

- ▶ **Fine movement:** using small muscles, e.g. keyboard skills, arc welding, giving injections, drafting, repairing fine instruments/equipment, dispensing oral medications
- ▶ **Coarse movement:** using large muscles, e.g. using long-handled tools such as mops and shovels, floor polishers, lawnmowers, stocking shelves, folding laundry, sorting mail

Please check off either **fine** movement, or **coarse** movement where they apply.

Please provide examples that are applicable to your job. **Please specify in the examples the type of tools, equipment, machines, etc, you are required to use, operate, clean, maintain, adjust, service or repair.**

Place a checkmark in the chart below indicating the frequency of the activity.

Occasional – Once in a while, most days **Frequent** – Several times a day or at least four days per week **Almost Continuous** – Most working hours for at least an average of four days per week

- ▶ Exertions that are infrequent or that are not typical of the performance of the job should not be considered.

ACTIVITY EXAMPLES (please specify equipment where applicable)	COORDINATION		FREQUENCY		
	Fine	Coarse	Occasional	Frequent	Almost Continuous
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 13 – DEXTERITY (cont'd)

(b) Is **speed** an additional requirement for the coordination of your work? Yes No

If yes, explain giving examples:

MANAGER'S COMMENTS – DEXTERITY

Are the responses to the question: Complete Incomplete
Do you agree with the responses: Yes No

COMMENTS (must be completed if "Incomplete" or "No" are selected):

_____ Manager's Initials: _____

Section 14 – CONCENTRATION

Purpose: This section gathers information on the frequency and duration of mental, aural (listening) and/or visual concentration required by your job.

(a) What **mental, aural (listening) and/or visual effort** is required on a **concentrated** basis for this job? Please provide examples that are applicable to your job.

- ▶ Duration means individual periods of **uninterrupted time** (except for scheduled breaks) – i.e. how long you have to perform the activity each time.
- ▶ Frequency means **how often** each activity occurs within the day or week.

Place a checkmark in the chart below indicating the duration and frequency of the activity.

Occasional – Once in a while, most days **Frequent** – Several times a day or at least four days per week

Almost Continuous – Most working hours for at least an average of four days per week

- ▶ Exertions that are infrequent or that are not typical of the performance of the job should not be considered.

ACTIVITIES REQUIRING CONCENTRATION	DURATION			FREQUENCY		
	Up to and including 1 hr each time	Over 1 hr up to 2 hrs each time	More than 2 hrs each time	Occasional	Frequent	Almost Continuous
Preparation of written/electronic materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of computer software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concentration on precision work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Report writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making presentations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide training, instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interviewing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observing people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Data entry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Viewing equipment/instruments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active listening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proofreading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 14 – CONCENTRATION (cont'd)

(b) Must attention be shifted frequently from one job detail to another?

▶ Examples: keyboarding and answering the telephone; dictating; repairing and listening to equipment

Yes No

If yes, explain giving examples:

MANAGER'S COMMENTS – CONCENTRATION

Are the responses to the question: Complete Incomplete
Do you agree with the responses: Yes No

COMMENTS (must be completed if "Incomplete" or "No" are selected):

_____ Manager's Initials: _____

Section 15 – WORKING CONDITIONS

Purpose: This section gathers information on the undesirable or disagreeable environmental conditions or hazards under which the job is carried out.

(a) Are you exposed to some degree of **unpleasantness** in the day-to-day activities of your job?

Check all conditions that apply to you, and **within each condition** indicate **only one** of “little”, “occasional”, “frequent”, or “almost continuous”.

Little – condition seldom occurs

Frequent – condition occurs several times daily

Occasional – condition occurs once in a while

Almost Continuous – condition occurs almost all the time

CONDITION (specify if applicable)	Little	Occasional	Frequent	Almost Continuous
Blood / body fluids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical substances (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Congested workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme temperature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foul language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head lice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insects, rodents, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interruptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Latex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moisture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mold	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Multiple deadlines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Odour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiation exposure (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second-hand smoke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soiled linens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transporting or handling human remains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vibration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 15 – WORKING CONDITIONS (cont’d)

(b) Is there some degree of exposure to **hazards** in the day-to-day activities of your job?

Check all hazards that apply to you, and **within each hazard** indicate **only one** of “little”, “occasional”, “frequent”, or “almost continuous”.

Little – condition seldom occurs

Frequent – condition occurs several times daily

Occasional – condition occurs once in a while

Almost Continuous – condition occurs almost all the time

HAZARD (specify if applicable)	Little	Occasional	Frequent	Almost Continuous
Abusive clients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood / body fluids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical substances (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traveling in inclement weather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excessive / unpredictable weights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposure to infectious disease (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faulty / inadequate equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal safety at risk due to isolation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiation exposure (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sharp objects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Small aircraft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal and / or physical abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Video display terminal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working from heights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 15 – WORKING CONDITIONS (cont'd)

(c) Do you have to take certain training, precautions or wear protective clothing to avoid a work injury?

(Check one and provide an explanation or example of the type of precaution(s) normally taken)

Yes No

Please explain your answer:

MANAGER'S COMMENTS – WORKING CONDITIONS

Are the responses to the question: Complete Incomplete
Do you agree with the responses: Yes No

COMMENTS (must be completed if "Incomplete" or "No" are selected):


_____ Manager's Initials: _____

Section 16 – ORGANIZATIONAL WORK CHART


Purpose: This section gathers information regarding the organization in which your job functions.

- (i) In the top box (immediately above **your job**), fill in the title of your immediate supervisor. This will be the position to which you directly report.
 - (ii) Fill in the title of **your job** in the next box.
 - (iii) In the box immediately below **your job**, fill in the title of positions that report directly to you.
- ▶ Be sure to write in the title of the position – **not** the name of the person currently in the job.

Title of your immediate supervisor



Your job title



Titles of positions that report directly to you

MANAGER’S COMMENTS – ORGANIZATIONAL WORK CHART

Are the responses to this question: Complete Incomplete

Do you agree with the responses: Yes No

COMMENTS (must be completed if “Incomplete” or “No” are selected):

_____ **Manager’s Initials:** _____

Section 17 – OTHER EMPLOYEE COMMENTS

Please add any additional information or comments **and reference the specific questionnaire section and question as appropriate.**

Section 18 – SIGNATURES

(a) Single job submission: **NAME (Please Print):** _____

SIGNATURE: _____

DATE: _____

(b) Group submission:

NAME: _____

SIGNATURE: _____

NAME: _____

SIGNATURE: _____

NAME: _____

SIGNATURE: _____

NAME: _____

SIGNATURE: _____

NAME: _____

SIGNATURE: _____

NAME: _____

SIGNATURE: _____

NAME: _____

SIGNATURE: _____

DATE: _____

PLEASE SUBMIT TO MANAGER

Section 19 – MANAGER’S COMMENTS

For Manager, please review all sections of the completed questionnaire thoroughly. It is important that the information provided serves as a fair representation of the job data for this job.

DO NOT CHANGE EMPLOYEE’S RESPONSES.

Please add any additional information or comments and **reference the specific questionnaire section and question as appropriate.**

Manager Name: (Please print) _____

Signature: _____

Date: _____

PLEASE RETURN A COPY OF THE COMPLETED QUESTIONNAIRE TO EMPLOYEE OR EMPLOYEE GROUP CONTACT PERSON.