

POSITION CLASSIFICATION QUESTIONNAIRE

NEW JERSEY CIVIL SERVICE COMMISSION DIVISION OF STATE & LOCAL OPERATIONS

FOR CIVIL SERVICE COMMISSION USE

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>)
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5. OFFICIAL TITLE OF POSITION	6. WORKING TITLE (<i>If different</i>)
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7. LOCATION OF POSITION
(*Geographic location, Unit, Section, Division, Institution, or Department*)

7A. EMPLOYEE WORK OR HOME MAILING ADDRESS

8. 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. **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 8 CONTINUED

Percent of Time	Work (Duties) Performed	Order of Difficulty

9. 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>			<i>Length of Lunch Period</i> - - - -		
Total Hours Worked Per Week - - - - -					

9b. EXPLAIN ROTATION OF SHIFTS, IF ANY



QUESTIONNAIRE CONTINUED

10. TYPE OF SUPERVISION RECEIVED (Check One — See definitions on page 4)

- CLOSE
 LIMITED
 GENERAL
 OTHER (Explain) _____

11. 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)

12. 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

13. 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, percentage of time, and order of difficulty.

COMMENTS:

Check here if continued on additional sheets.

OFFICIAL TITLE
(Working title if different)

SIGNATURE

DATE

14. STATEMENTS OF PROGRAM MANAGER OR DIVISION DIRECTOR

- I **AGREE** with the statements of the immediate supervisor.
- I **DISAGREE** with the statements of the immediate supervisor.

COMMENTS:



Check here if continued on additional sheets.

OFFICIAL TITLE
(Working title if different)

SIGNATURE

DATE

15A. 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. 

OFFICIAL TITLE
(Working title if different)

SIGNATURE

DATE

15B. LOCAL APPOINTING AUTHORITY REPRESENTATIVE SIGNATURE

In Local service, the agency representative's signature certifies the information in accordance with 4A:3-3.9(d).

- I **AGREE** with the statements of the immediate supervisor and program manager or division director.
- I **DISAGREE** with the statements of the immediate supervisor and program manager or division director.

COMMENTS:

Check here if continued on additional sheets.

OFFICIAL TITLE
(Working title if different)

SIGNATURE

DATE

