

SUFFOLK COUNTY DEPARTMENT OF CIVIL SERVICE
CLASSIFICATION QUESTIONNAIRE

CURRENT EMPLOYMENT INFORMATION:

1. NAME: _____ CIVIL SERVICE TITLE: _____
PHONE: _____ EMAIL: _____
2. NAME OF EMPLOYER (County, Town, School, etc.): _____
3. NAME OF DEPARTMENT, AGENCY, DIVISION, AND/OR UNIT: _____
4. BUSINESS ADDRESS: _____ ROOM NO: _____
5. DAYS WORKED PER WEEK: _____ HOURS WORKED: From _____ AM/PM To _____ AM/ PM
6. IMMEDIATE SUPERVISOR'S NAME: _____ TITLE: _____
PHONE: _____ EMAIL: _____
7. CIVIL SERVICE TITLE YOU ARE REQUESTING (If you know): _____
- 8a. HAVE YOU GONE THROUGH THE DESK AUDIT PROCESS BEFORE? YES NO
- 8b. IF YES, WHEN? (Month/year): _____

PURPOSE:

This Classification Questionnaire is the first step in the Desk Audit process. A Desk Audit performed by the Department of Civil Service is a review of the duties and responsibilities of a position to assure classification in the most appropriate title. The questionnaire is designed to gather detailed information about the assigned duties and responsibilities of a position. The information contained in the responses will be used as official documentation in the review of the position. After receiving and reviewing your questionnaire, a representative of the Department of Civil Service may contact you to discuss your position.

NOTE: We are reviewing the position to ascertain the current responsibilities of your position and the duties that you are expected to perform, and not the quality or quantity of your work. A review of your position through a Desk Audit does not guarantee any changes to your title or salary and often results in confirmation that your current title is appropriate.

INSTRUCTIONS:

- A)** This questionnaire may be completed during work time; carefully read the entire questionnaire before responding so that you will not duplicate your replies.
- B)** Please print or type your responses; be sure that your responses are complete, concise, factual, and reflect your own job, in your own words. You may attach additional sheets if necessary.
- C)** Your responses should detail your current work duties and responsibilities only; please try to write responses so that a person who is unfamiliar with your work can easily understand what you do.
- D)** In addition to this questionnaire, you may be asked to fill out and attach a Civil Service Application.
- E)** Your completed questionnaire should be given to your immediate/direct supervisor for review and signature, and must also be reviewed and signed by the Appointing Authority (e.g. Mayor, Commissioner, Superintendent, etc.).
- F)** Retain a copy of the completed questionnaire for your records.

POSITION INFORMATION:

9. WHY DO YOU BELIEVE THAT YOUR CURRENT TITLE IS NOT APPROPRIATE? DESCRIBE THE SPECIFIC DUTIES AND RESPONSIBILITIES THAT YOU BELIEVE TO BE OUTSIDE THE SCOPE OF YOUR PRESENT TITLE:

10. THE PERSON LISTED AS MY IMMEDIATE SUPERVISOR: (Check all that apply.)

- Assigns my work.
- Approves or disapproves my time-off requests.
- Reviews and signs my timesheets.
- Conducts my employee performance evaluations.
- Other (please describe):

11. HOW IS YOUR WORK REVIEWED BY YOUR SUPERVISOR? (Check the most accurate description.)

- Most or all work is reviewed or spot-checked while it is being done.
- Most or all work is reviewed or spot-checked after completion.
- Work is periodically reviewed, and is discussed in meetings and/or conferences with my supervisor.
- My work is not reviewed by my supervisor.
- Other (Please explain):

12a. DO YOU RECEIVE SUPERVISION FROM ANYBODY ELSE? YES NO

12b. IF YES, PLEASE LIST THE NAME(S) AND TITLE(S), AND DESCRIBE THE NATURE OF SUPERVISION YOU RECEIVE:

13a. HAS YOUR ASSIGNED WORK CHANGED SINCE YOU WERE APPOINTED IN YOUR PRESENT TITLE? YES NO

13b. IF YES, WHEN DID THAT CHANGE HAPPEN? _____ DESCRIBE WHAT CHANGED AND THE REASON FOR CHANGE:

14a. DO ANY OTHER EMPLOYEES HAVE SIMILAR WORK ASSIGNMENTS? YES NO UNKNOWN

14b. IF YES, PLEASE LIST THE NAMES AND TITLES OF THOSE EMPLOYEES, AND **EXPLAIN WHY YOU BELIEVE THE WORK TO BE SIMILAR:**

15. LIST SPECIALIZED TOOLS/EQUIPMENT/MACHINES USED:

16. LIST LICENSES/CERTIFICATES/SPECIALIZED TRAINING/SPECIALIZED EDUCATION REQUIRED:

17. PROVIDE A BRIEF DESCRIPTION OF THE OFFICE/UNIT FUNCTION:

18. PROVIDE A BRIEF OVERVIEW OF YOUR POSITION'S ASSIGNED DUTIES AND RESPONSIBILITIES. INDICATE THE APPROXIMATE AMOUNT OR PERCENTAGE OF TIME SPENT ON EACH DUTY/RESPONSIBILITY. (Example: Typing Correspondence = 10%):

19. LIST ASSIGNMENTS PERFORMED WEEKLY, MONTHLY, ANNUALLY, AND/OR OCCASIONALLY. INDICATE THE APPROXIMATE AMOUNT OF TIME REQUIRED TO COMPLETE THE ASSIGNMENT. (Example: Annually - Take inventory of supplies - two days):

20a. ARE YOU EXPECTED TO MAKE INDEPENDENT DECISIONS? (i.e. decisions which do not require the approval of your immediate supervisor) YES NO

20b. IF YES, PLEASE DESCRIBE SPECIFIC EXAMPLES OF INDEPENDENT DECISIONS MADE BY YOU:

21a. IS IT NECESSARY FOR YOU TO APPLY OR INTERPRET FEDERAL, STATE, OR LOCAL LAWS OR REGULATIONS IN PERFORMING YOUR WORK ASSIGNMENTS? YES NO

21b. IF YES, PLEASE LIST THOSE THAT APPLY TO YOUR JOB, AND EXPLAIN HOW YOU APPLY OR INTERPRET THEM:

22a. DO YOU MAKE RECOMMENDATIONS AND/OR DECISIONS REGARDING POLICIES AND PROCEDURES? YES NO

22b. IF YES, PLEASE DESCRIBE SPECIFIC EXAMPLES OF POLICY AND PROCEDURAL RECOMMENDATIONS/DECISIONS THAT YOU MAKE. INCLUDE: WHO IS AFFECTED BY THE POLICIES AND PROCEDURES? HOW OFTEN DO YOU MAKE RECOMMENDATIONS AND/OR DECISIONS OF THIS NATURE? WHEN WAS THE MOST RECENT EXAMPLE?:

23a. DOES YOUR WORK REQUIRE INTERACTION WITH OTHER DEPARTMENTS OR ORGANIZATIONS? YES NO

23b. IF YES, PLEASE DESCRIBE YOUR INTERACTIONS WITH THOSE DEPARTMENTS OR ORGANIZATIONS:

24a. CHECK THE BOX BELOW THAT BEST DESCRIBES YOUR SUPERVISORY RESPONSIBILITY:

I DO NOT SUPERVISE.

I AM THE LEAD WORKER IN MY UNIT (NOT RESPONSIBLE FOR FORMAL SUPERVISION INCLUDING TIME AND ATTENDANCE, PERFORMANCE EVALUATION, ETC.).

I SUPERVISE A SINGLE UNIT OF EMPLOYEES (FORMAL SUPERVISION INCLUDING TIME AND ATTENDANCE, PERFORMANCE EVALUATION, ETC.).

I SUPERVISE TWO OR MORE UNITS, EACH HAVING AN INDIVIDUAL SUPERVISOR.

If you checked "I do not supervise" above, please skip to question 25a. If you checked anything else, please answer questions 24b, 24c, and 24d.

24b. INDICATE THE NAMES AND TITLES OF THE EMPLOYEES SUPERVISED BY YOU (You may attach a list):

24c. FOR THE EMPLOYEES LISTED ABOVE, DO YOU:

- | | | |
|--|------------------------------|-----------------------------|
| Assign their work? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Redistribute work as needed? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Review their work? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Approve or disapprove their time-off requests? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Review and sign their timesheets? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Conduct employee performance evaluations? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Schedule their work hours? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

24d. PLEASE DESCRIBE YOUR SUPERVISORY RESPONSIBILITIES:

25a. IS THERE ANYTHING ELSE THAT WE SHOULD KNOW ABOUT YOUR POSITION? YES NO

Remember, we will be using the information in this questionnaire to evaluate your position. Please be sure that you have given us an accurate and complete description of your assigned work duties and responsibilities.

25b. If **YES**, please elaborate:

AFFIRMATION OF EMPLOYEE:

I certify that the responses on this questionnaire are my own, and that they are accurate and complete.

SIGNATURE OF EMPLOYEE: _____ DATE: _____

REVIEW BY IMMEDIATE/DIRECT SUPERVISOR AND APPOINTING AUTHORITY:

Employees Have A Right To Request And Receive An Audit Of Their Position. Even If You Do Not Support The Request, The Questionnaire Must Be Submitted To The Department Of Civil Service.

Please review the contents of this questionnaire for accuracy and completeness. Do not alter the employee's responses or ask the employee to alter the responses. The questionnaire should be submitted as completed by the employee. In the following fields, you may indicate whether you agree or disagree with the employee's description of the assigned duties and responsibilities, and add specific comments.

NOTE: Your signature alone **does not** imply agreement with the employee's responses or support for the request, but rather is required as an acknowledgement that the employee's questionnaire was routed through your office and that you had the opportunity to review it. Your specific comments are welcome and encouraged. You may include additional pages if necessary.

IMMEDIATE/DIRECT SUPERVISOR:

- I AGREE with the employee's description of the assigned duties and responsibilities of this position.
- I DISAGREE with the employee's description of the assigned duties and responsibilities of this position.

PLEASE USE THIS SECTION TO EXPLAIN THE REASON(S) FOR DISAGREEMENT WITH, OR SUPPORT OF, THE REQUEST.

SIGNATURE OF IMMEDIATE/DIRECT SUPERVISOR: _____ DATE: _____

AFTER SIGNING, SEND THE QUESTIONNAIRE TO YOUR HUMAN RESOURCES DEPARTMENT FOR SIGNATURE.

APPOINTING AUTHORITY (Mayor, Commissioner, Superintendent, etc.):

- I AGREE with the employee's description of the assigned duties and responsibilities of this position.
- I DISAGREE with the employee's description of the assigned duties and responsibilities of this position.
- I acknowledge that I have had an opportunity to review the questionnaire and I am submitting it without comment.

PLEASE USE THIS SECTION TO EXPLAIN THE REASON(S) FOR DISAGREEMENT WITH, OR SUPPORT OF, THE REQUEST.

***If possible, please attach an Organizational Chart to this questionnaire which includes the employee's position.**

SIGNATURE OF APPOINTING AUTHORITY: _____ DATE: _____

APPOINTING AUTHORITY SHOULD SUBMIT THE COMPLETED QUESTIONNAIRE TO THE DEPARTMENT OF CIVIL SERVICE.