

Part B

Part B – To be completed by supervisor of the position being studied.

Name
Title
Extension

FOR HR USE ONLY	
Dept:	_____
Study No:	_____
Specialist:	_____
Date:	_____
	Sent _____ Received _____

Instructions:

The following questions are designed:

1. To provide an opportunity for supervisory input to the classification process by soliciting comments regarding the answers provided in Part A of this form by the incumbent (**do not** change any responses given in Part A; leave the incumbent’s answers intact and make your comments below); and
2. To assist in determining the type of supervisory control exercised over the position(s) and the degree of independence with which the position’s incumbent is expected to function. Since this information will be used to help determine the proper classification for the position under study, please be as clear and accurate as possible and carefully consider **all** questions asked. If additional space is needed, please use the back of the form, and if necessary, attach additional sheets. Please check to be sure that the incumbent of the position has completed, dated and signed all appropriate section of the Position Description form. After responding to all questions in Part B, please date and sign the part of the form in the **CERTIFICATION** section and forward to the Human Resources Department.

SECTION B-I: SUPERVISOR'S CERTIFICATION

1. Please carefully review Part A of this form. For each question consider whether the incumbent’s response is **accurate** and **complete** in your judgement. If you believe there are inaccuracies and/or omissions, or if you have any supplemental information that pertains to the duties and responsibilities of the position, please comment below. (For any comments that relate to a specific question in Part A, please identify the questions by section and number, e.g. II-3).

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Other than indicated by your comments above, are the answers in Section A of the form accurate and complete in your judgement?

Yes No

2. a. How, and by whom, are work assignments selected for this position?

b. What is the nature of any written or oral instructions given to the incumbent when assignments are made?

c. What type of guidance, if any, is provided during the course of an assignment?

3. a. Identify any specific tasks/functions or responsibilities added to the position over the period covering the last 12 months?

b. Describe any increases in skill level, experience, or education/training, which has occurred as a result of the added responsibilities assigned to the position:

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4. a. How often and for what purpose do you review the work of the incumbent?
- b. What would be the greatest consequence of errors in this work to the university? (e.g., loss of time, money, property, or injuries likely to be suffered, etc.)
- c. What is the possibility of such errors?
5. What will be the impact on the other positions in the unit/department/campus if this position is allocated at the higher level.

Is there an equity problem involving positions in the department? Yes No

Is there an equity problem involving positions in the campus? Yes No

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6. Has there been a recent departmental re-organization, re-structuring, or changes affecting the services provided by your department in general or this position in particular?

Yes No

If so, please describe. Attach a copy of your department's current organizational chart to this form.

Certification:

I hereby certify that to the best of my knowledge and belief, the statements made herein are accurate and complete.

Name

Signature

Date