

Position Description Form Supplement for Supervisory Positions

This questionnaire is designed to assist in describing the way in which you are required to supervise your subordinates. It is a supplement only and must be attached to the Job Description. This form is designed to cover information about your supervisory responsibilities, which will assist us in evaluating your job.

NAME: _____ CLASS TITLE: _____

1. I directly supervise:

Class Title	Number of Employees

I supervise through subordinates:

Class Title	Number of Employees

2. Do you determine the duties/assignments of your subordinates?

Yes No

If so, please explain:

3. Do you determine the method by which the work will be performed (i.e., by establishing and revising procedures or flow of work)?

Yes No

Do you determine priorities? Yes No

Position Description Form Supplement for Supervisory Positions

What criteria do you apply in determining priorities:

4. Do you establish production and/or quality controls on assigned work? Yes No

If so, please explain:

5. What types of action do you take if quality or quantity of work is not adequate?

How is this determined? Inspect _____ Review _____ Spot Check _____

6. Do you participate in the selection of your subordinates?

Yes No

If so, please explain:

7. Do you determine how subordinates are to be trained?

Yes No

If so, please explain:

8. Do you participate in the evaluation of subordinates?

Yes No

If so, which of the following best describes your role?

Observe performance and report to supervisor.

Assist supervisor in filling out the formal employee evaluation form and conduct the performance evaluation interview.

Independently prepare merit evaluations and discuss performance with subordinates.

Position Description Form Supplement for Supervisory Positions

Other (explain):

9. Do you follow up on areas of employee performance which require improvement?

Yes No

If so, how?

10. Do you interpret conditions of employment to subordinates (i.e., personnel and departmental rules, regulations, and policies)?

Yes No

11. Are you responsible for handling disciplinary problems involving employees supervised?

Yes No

If so, to what extent do you personally handle disciplinary matters?

Employee Signature

Date

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SUPERVISOR'S STATEMENT

Please indicate any statements which have been made by the person in this position, which you feel, may need to be clarified. Please include any additional information which may be helpful.

Please attach organization chart showing all positions that you supervise

Supervisor's Signature

Date

Department Head Signature

Date

Area Head Signature

Date

Senior Executive Officer

Date