## **ULSTER COUNTY PERSONNEL DEPARTMENT**

County Office Building, 244 Fair Street P.O. Box 1800, Kingston, NY 12402-1800 Telephone (845) 340-3550

JOB CLASSIFICATION QUESTIONNAIRE

Current employee fills in this side of the form. Immediate supervisor and head of agency fill in side two.

PERSONNEL	DEPT.	USE	ONLY	Proposed JC	_

**Proposed Title** 

Name	Title	-			
Agency or Municipality	Depa	artment			
Current Salary	Num	ber of Hours Wor	ked Per Week		
How long have you worked in this position?	Hov	v long have you w	orked for this agency?	ost ni hai	n kr na e-st
Names of People You Supervise	Title		Check Type of S	upervision	Exercised
		Lateral and state of the state	☐ Interviewing ☐ Training ☐ Discipline ☐ Job Appraisals	☐ Review	ning Work wing Work Counseling
Names of People Who Supervise You	Title	HEALTHING	Degree of Supervision	on (Direct, C	General etc.)
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					upting.
DUTIES - Attach a separate sheet if needs				neet.	% OF TIME
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I HEREBY CERTIFY THAT TO THE BEST OF M	Y KNOWLEDGE THE	INFORMATION I HA	VE PROVIDED IS TRUE AND	ACCURATE.	D1() 190m
Signature of Employee			Date		

## JOB CLASSIFICATION QUESTIONNAIRE -- SUPERVISORY REVIEW

	You openute
Place an 'x' mark in the box next to the statement which best described.  Simple repetitive routine.	s the position occupied by this employee:
Repetitive but involves independent decisions in individual cases.	
Involves independent decisions on order of tasks and methods use	
Involves independent decisions as to scope and planning of project	S.
How would you characterize the level of supervision exercised over this $\square$ direct $\square$ general $\square$ administrative $\square$ other, please explain $\_$	• • • • • • • • • • • • • • • • • • • •
How would you characterize the level of supervision exercised by this particular direct denoted by the particular direct denoted by the particular d	
What training and experience (ie. high school, college, work experience	e, etc.) does a person in this position need?
Vhat special skills (ie. stenography, wordprocessing, database mainter	nance, etc.) does a person in this position need
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Signature of Immediate Supervisor	Date
o Be Completed by Head of Agency	
o Be Completed by Head of Agency	
o Be Completed by Head of Agency	
Signature of Immediate Supervisor  To Be Completed by Head of Agency Please comment on the foregoing statements of employee and supervi	