

SD#64 (GULF ISLANDS)

JOB REVIEW QUESTIONNAIRE

LONG FORM INTRODUCTION

The purpose of this questionnaire is to help you describe your job and tell us the conditions under which you carry it out so we may review it. Please read this questionnaire carefully and write your responses legibly in pen or use a word processor. Provide as much detail as possible and attach additional pages if necessary. You may find that some questions do not relate to your job. If this is the case, please write N/A (not applicable) in the space provided.

All responses are confidential to the JJEC members and are used solely to review and rate your job. The questionnaire is NOT about employee performance.

Employees doing the same job are encouraged to discuss their duties with each other. Group submissions are preferred if each person is in agreement with the response(s) and signs page eighteen.

For further information, please contact one of the Joint Job Evaluation Committee members listed on our School District website:

Thank you for your assistance – Joint Job Evaluation Committee (JJEC)

IDENTIFICATION:

1. Employee Name: _____
2. Title of Job (from current job description): _____
3. Classification (from current job description): _____
4. Location of Work: _____
5. Length of time in this Position: _____
6. Hours of Work/Shift /Week: _____
7. Work Telephone Number: _____
9. Name and title of your immediate (Supervisor – non-union): _____
10. Do you report to anyone else? (name and title) _____

Job Review Questionnaire

PART "A" – JOB ANALYSIS

FACTOR #1: RESPONSIBILITY – Accountability

A) Which statement best describes the likely consequences of an **error** in doing your work?

- An error would have little or no direct consequence on others, I could correct it myself.
- An activity involving others could be delayed or an error would result in minor loss of time or resource.
- Others could suffer damages or some physical/psychological discomfort; or an error would result in significant loss of time or resource or some embarrassment within the department or organization.
- Others could suffer significant physical/psychological harm; probable errors could involve considerable expenditures of time or resource or significant embarrassment within the organization.
- Others could suffer permanent physical/psychological impairment; probable errors could involve major expenditure of time or resource or cause severe embarrassment within the organization.

Please give examples of significant **errors** which could be made in your job and indicate **the consequences such as financial loss, effect on others, disruption or delay of service.**

What would be the effect of errors on others in terms of the loss of time, the effect on the work or the impact on the public image of the most serious errors that could be committed in the carrying out of your job duties?

How would such errors be discovered, corrected and resolved?

SUPERVISOR'S COMMENTS ON FACTOR #1: RESPONSIBILITY – Accountability

Please provide additional information that is relevant to the responsibility – accountability aspects of this job.

Comments:

Supervisor's Initials:

Job Review Questionnaire

FACTOR #1: RESPONSIBILITY – Safety

- A) Do you work:
- Alone
 - As part of a work team or group (with other employees, whether or not they belong to your organization).
- How many people are in your team/group? _____

- B) What potential physical injury or harm could you cause to co-workers and/or others?
Please explain by describing the nature and seriousness of the injury that may occur.

- C) What **precautions** need to be taken to prevent injury to others?

- D) What precautions or safety measures do you need to take to avoid a work injury to yourself?
Explain:

SUPERVISOR'S COMMENTS ON FACTOR #1: RESPONSIBILITY – Safety

Please provide additional information that is relevant to the responsibility – safety aspects of this job.

Comments:

Supervisor's Initials:

Job Review Questionnaire

FACTOR #1: RESPONSIBILITY – Supervision of Others' Work

- A) Does your job require you to perform any of the following?
Please include staff, students, volunteers, contractors, etc. when answering the questions.

	Frequency			To whom? (role)
	Rarely	Occasionally	Regularly	
Provide guidance, instruction and direction to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Schedule and/or coordinate work of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assign work and/or personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maintain quality, accuracy, quantity of work of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Develop work procedures and training for others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other – Specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- B) Which statement best describes your responsibility for supervision of the work of others?

<input type="checkbox"/>	No responsibility for supervision of others
<input type="checkbox"/>	Supervise others who do essentially the same work
<input type="checkbox"/>	Supervise others who hold different positions within the same area of activity
<input type="checkbox"/>	Supervise others who hold different positions within different areas of activity
<input type="checkbox"/>	Other – Specify:

- C) How many people do you supervise? _____

SUPERVISOR'S COMMENTS ON FACTOR #1: RESPONSIBILITY – Supervision
<i>Please provide additional information that is relevant to the responsibility – supervision aspects of this job.</i>
Comments:
<i>Supervisor's Initials:</i>

Job Review Questionnaire

FACTOR #1: RESPONSIBILITY – Communication

Communication skills include interpersonal skills, oral presentations, writing, listening and/or observation skills. From the list below, identify the usual contacts you are required to make in your job. Choose the words that best describe the **nature or purpose of your contact** from the following list:

1	Obtain or hand out information	4	Problem solving for others	7	Counsel
2	Explain and exchange information	5	Interpret/resolve conflicts	8	Mediate/negotiate
3	Handle complaints	6	Teach/train	9	No contact

Contacts	#	Explain the purpose or nature of contact
Business representatives		
Contractors/Suppliers		
Employees in the same department		
Employees in another department		
Family		
General public		
Heads of departments/services (other than yours)		
Principals and vice-principals		
Representatives of professional agencies/governments		
Salespersons		
Students		
Teachers		
Volunteers		
Other: Specify:		

SUPERVISOR'S COMMENTS ON FACTOR #1: RESPONSIBILITY – Communication

Please provide additional information that is relevant to the responsibility – communication aspects of this job.

Comments:

<i>Supervisor's Initials:</i>

Job Review Questionnaire

FACTOR #2: SKILL – Knowledge and Training

- A) Does this job require additional qualifications/knowledge? (e.g., air brakes, gas/propane, typing/keyboarding, signing/Braille, fluency in a language, blueprint reading, drafting, electronics, hydraulics, conflict resolution/anger management, electronics, mechanics, welding, operating heavy machinery...)

Please specify.

- B) Does your work require the use of information and communication technology (ICT) ? Yes No

If yes, what type of work is involved?

<input type="checkbox"/>	Data search and entry
<input type="checkbox"/>	Word-processing: create <input type="checkbox"/> modify <input type="checkbox"/> documents
<input type="checkbox"/>	Complex spreadsheets and/or databases: create <input type="checkbox"/> modify <input type="checkbox"/>
<input type="checkbox"/>	Desktop publishing
<input type="checkbox"/>	Accounting: configure <input type="checkbox"/> modify <input type="checkbox"/> data in an accounting program
<input type="checkbox"/>	System support and programming: hardware installation and repair, software installation and troubleshooting
Other – Specify:	
What software are you required to use?	

Job Review Questionnaire

C) Indicate the literacy skills that are required on a regular basis.

<input type="checkbox"/>	Understand work orders and instructions.
<input type="checkbox"/>	Read/understand short notes, brief forms or instructions, or simple dials/gauges
<input type="checkbox"/>	Read/understand detailed forms, memos or letters, complex dials/gauges
<input type="checkbox"/>	Read/understand detailed operating, policy and procedure manuals, blueprints, diagrams, etc.
<input type="checkbox"/>	Read/understand and interpret contracts and legislation.
Please give examples of the above:	

D) Indicate the written skills that are required on a regular basis.

<input type="checkbox"/>	Short notes, brief forms, instructions, or records.
<input type="checkbox"/>	Detailed forms, standard memos, and letters.
<input type="checkbox"/>	Taking minutes of meetings, transcribing from dictation or copy
<input type="checkbox"/>	Prepare progress reports, policy and procedure documents, or non-standard letters
<input type="checkbox"/>	Prepare specialized and technical reports.
Please give examples of the above:	

E) Indicate the mathematics skills that are required on a regular basis.

<input type="checkbox"/>	Little or no mathematical work.
<input type="checkbox"/>	Adding, subtracting, multiplying, dividing.
<input type="checkbox"/>	Calculation of percentages, ratios or averages.
<input type="checkbox"/>	Calculation using mathematical formulas or pre-established equations (i.e. calculus, standard deviations, coefficients of variation, etc.)
<input type="checkbox"/>	Identification and application of a wide range of mathematical or statistical concepts.
Please give examples of the above:	

SUPERVISOR'S COMMENTS ON FACTOR #2: SKILL – Knowledge

Please provide additional information that is relevant to the skills – knowledge aspects of this job.

Comments:

Supervisor's Initials:

Job Review Questionnaire

FACTOR #2: SKILL – Experience

A) How many months and/or years of previous work experience are needed to acquire the skills necessary to do your job competently? Check one box only.

- up to 6 months
- over 6 months up to 1 year
- over 1 up to 2 years
- over 2 up to 3 years
- over 3 up to 4 years
- over 4 up to 5 years
- over 5 years – specify: _____

Please give examples of the work experience you considered in making your determination(s):

SUPERVISOR’S COMMENTS ON FACTOR #2: SKILL – Experience
<i>Please provide additional information that is relevant to the skills – experience aspects of this job.</i>
Comments:
Supervisor’s Initials:

Job Review Questionnaire

FACTOR #2: SKILL – Judgment, Initiative and Choice of Action

A) What level of judgment is required on a regular basis?

- Follow specific instructions/procedures exactly.
- Use well-defined methods and procedures as guidelines.
- Modify or change established methods and procedures.
- Solve problems independently
- Develop new methods and procedures.

B) Describe:

- ▶ some typical problems that you generally solve on your own, using your experience and expertise;
- ▶ some typical problems that you would usually pass on to your supervisor or a colleague;
- ▶ some typical problems that you would solve by referring to manuals, policy, industry codes, or legislation (specify policy, manuals and/or legislation used).

C) Describe new methods and procedures that you have developed or might develop.

SUPERVISOR'S COMMENTS ON FACTOR #2: SKILL – Judgment

Please provide additional information that is relevant to the skill – judgment aspects of this job.

Comments:

Supervisor's Initials:

Job Review Questionnaire

FACTOR #3: MENTAL EFFORT – Mental, Visual and/or Aural Concentration

Please describe those duties of your job which require periods of mental, aural (listening) and visual concentration such as operating a switchboard, reading, driving, data entry, or a combination of the five senses, sight, taste, smell, touch and hearing that are required in the course of doing the job that result in mental/sensory fatigue. (e.g., can be coordination/precision; repetition/monotony)

A) Are periods of mental, aural visual concentration required?

Give examples of mental effort:	Frequency			Duration
	Once in a while	Several times daily	Most working hours	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

B) Must attention be shifted frequently from one job detail to another (multi-tasking)?

Give examples of multi-tasking:	Frequency			Duration
	Once in a while	Several times daily	Most working hours	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

C) Are there interruptions or distracting influences?

Give examples of interruptions:	Frequency			Duration
	Once in a while	Several times daily	Most working hours	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approx. hrs/day
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SUPERVISOR'S COMMENTS ON FACTOR #3: MENTAL EFFORT – Concentration

Please provide additional information that is relevant to the mental effort – concentration aspects of this job.

Comments:

Supervisor's Initials:

Job Review Questionnaire

FACTOR #4: PHYSICAL EFFORT – Activity

A) Not taking into account exceptional circumstances, does your job require:

Examples of physical activities:	Frequency			Duration
	Once in a while	Several times daily	Most working hours	Approx. hrs/day
Working in a seated position; driving a car; observing; Specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Use of manual tools such as a saw, pliers, hammer, etc.; lifting of light materials (less than 5 kg.); driving of a bus, truck, tractor; operation of the controls of a machine; sweeping, cleaning, shovelling. Specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Use of tools such as an asphalt rake, etc.; lifting of materials of moderate weight (over 5 kg up to 10 kg); climbing a ladder; pushing or pulling of carts; moving of equipment or individuals in a wheelchair. Specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Use of tools such as a sledge hammer; lifting of heavy materials (over 10 kg); operation of pneumatic tools; pushing or holding large equipment; working in a difficult position (leaning, crouching, etc.). Specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lifting, pushing or pulling with extreme effort; the holding or lifting of patients/handicapped students; the pushing or holding of heavy equipment or material. Specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other: Specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Job Review Questionnaire

B) Describe physical activity required in a typical work-day or shift.

SUPERVISOR'S COMMENTS ON FACTOR #4: PHYSICAL EFFORT – Activity

Please provide additional information that is relevant to the physical effort – activity aspects of this job.

Comments:

Supervisor's Initials:

FACTOR #4: PHYSICAL EFFORT – Dexterity

- A) Dexterity can be a **fine movement** such as keyboarding, arc welding, giving injections/medications, repairing fine instruments/equipment OR a **coarse movement** such as using long/handled tools such as mops and shovels, floor polishers, lawn mowers, stocking shelves, folding laundry, sorting mail.

Please give examples of movements in your job requiring dexterity.

- B) Is **speed** a requirement for your work? Yes No

If yes, explain giving examples:

- C) Please indicate the type of tools, equipment, machines, etc., you are required to use or operate in carrying out your job duties.

Please specify:

Job Review Questionnaire

- D) Are you required to clean, maintain, adjust, service or repair any of the tools, equipment or machines you have listed above?

Please give details:

SUPERVISOR'S COMMENTS ON FACTOR #4: PHYSICAL EFFORT – Dexterity
<i>Please provide additional information that is relevant to the physical effort – dexterity aspects of this job.</i>
Comments:
<i>Supervisor's Initials:</i>

Job Review Questionnaire

FACTOR #5: WORKING CONDITIONS – Disagreeable

- A) Is there some degree of unpleasantness in the day-to-day activities of your job?
 For each condition, which is applicable, give an example or indicate not applicable (N/A). Check one frequency level. Do not include conditions which can be remedied.

Little	Once in a while
Occasional	Once in a while, most days
Frequent	Several times a day on a daily basis, or at least four days per week
Almost continuous	Almost all working hours for at least an average of four days per week

Element	Example or N/A	Little	Occasional	Frequent	Almost Continuous
Body wastes and fluids		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical/Cleaning substances		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dust/Dirt		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme temperatures		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grease/Oil		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate lighting		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inadequate ventilation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infectious disease/lice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moisture		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Odour		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke/Fumes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vibration		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handling garbage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: Specify					

Job Review Questionnaire

B) Are you exposed to any of the following work pressures and stresses on your job?

Little	Once in a while
Occasional	Once in a while, most days
Frequent	Several times a day on a daily basis, or at least four days per week
Almost continuous	Almost all working hours for at least an average of four days per week

Element	Example or N/A	Little	Occasional	Frequent	Almost Continuous
Foul language/verbal abuse		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical abuse		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Threats		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individuals who are difficult to deal with		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: Specify					

C) Do you work:

	Year round	Spring	Summer	Fall	Winter
Equally indoors and outdoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Always indoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Always outdoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoors more often	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indoors more often	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUPERVISOR'S COMMENTS ON FACTOR #5: WORKING CONDITIONS

Please provide additional information that is relevant to the working conditions aspects of this job.

Comments:

Supervisor's Initials:

Job Review Questionnaire

PART "B" – JOB DESCRIPTION

PREAMBLE:

In order for your job description to accurately reflect your current job, it is essential that you **describe clearly and precisely** all the elements of your job. Do not include any duties you volunteer to do.

Please list (as ADD) those duties not included in your attached job description and show (as DELETE) those duties included in your job description that you are not currently doing.

Approx. hr/day/wk/mo/yr	DUTY	ADD/ DELETE

Job Review Questionnaire

JOB SUMMARY

In a few words, provide a general description of your job. In other words, what do you do?

EMPLOYEE'S SUMMARY

(Please add any additional information or comments)

Signature: _____ Date: _____

If this questionnaire is being submitted on behalf of a group of employees doing the same job, then each employee must sign to indicate that he/she agrees with the responses.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

(FORWARD TO YOUR SUPERVISOR FOR REVIEW AND COMMENTS)

Job Review Questionnaire

PART "C" – IMMEDIATE SUPERVISOR (NON-UNION)

Supervisors please review and sign off this questionnaire. Your understanding of the job may differ from that of the employee. **Do not change the employee's description of his/her job.** The sole purpose of the questionnaire is to provide information to be used by the Joint Job Evaluation Committee to review and rate the job then write/revise a job description.

SUPERVISOR'S SUMMARY

(Please add any additional information or comments)

Signature of Immediate Supervisor

Date

Telephone #

Please print name

**Please forward the completed questionnaire to the
JOINT JOB EVALUATION COMMITTEE
c/o _____**

This can be done electronically or in hard copy.