



Human Resources

POSITION INFORMATION QUESTIONNAIRE

INSTRUCTIONS:

Please complete this questionnaire and return to your immediate supervisor by _____
_____.

Supervisors: please review this form when completed. Discuss any questions you may have with the employee and make any revision mutually agreed to between you and the employee. Then, sign the form in the space provided and return to the Human Resources (HR) Office by _____.

Your name _____

Title of your position _____

Department _____

To whom do you report _____

Title of his/her position _____

Give the position titles and names of those individuals who are directly responsible to you. If none, so state. (Attach additional sheets as necessary.)

Position Title

Name of Incumbent(s)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Other than positions which report directly to you, to what positions do you provide advice and counsel?

In your opinion, regarding your position, comment on the following and briefly explain:

◇ Formal education required to perform effectively: _____

◇ Types and length of experience necessary to perform effectively:

◇ Unique background, skills, or professional achievements desirable for position performance (e.g., CPA certificate, typing skill level, license, etc.):

How many regular hours do you work each week? (Excluding lunch break and overtime.)

If you do not work a full 12-month year (including vacation time), please indicate the number of months you do work. _____

Mention anything else of interest in understanding your responsibilities and activities not covered in the preceding questions.

Employee _____ Date _____

Signature

I have reviewed the above and concur with the information contained herein.

Employee's Supervisor _____ Date _____

Signature