

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Department of Administration  
Division of Human Resources  
OFFICE OF PERSONNEL ADMINISTRATION  
1 Capitol Hill  
Providence, RI 02908-5860

## CLASSIFICATION QUESTIONNAIRE

### INSTRUCTIONS FOR COMPLETION OF THE CLASSIFICATION QUESTIONNAIRE

**IMPORTANT:** This form is not intended for a study of your efficiency

On the attached Classification Questionnaire, DO NOT GIVE INFORMATION ABOUT YOURSELF. Give information about YOUR POSITION. The person directly in charge of your work, and your department head have space to give additional information about your position on Page 2.

Answer ALL questions except Nos. 26 to 30 (on Page 2) which are for your supervisor and department head. If you are certain that a question does not apply, write in "Does not apply."

Work out your answers on scratch paper first. Then look them over carefully to make sure you have COMPLETE AND CORRECT answers.

Please fill out all 3 copies and submit to your supervisor. The Pink copy will be returned to you when the questionnaire is fully completed.

THE MOST IMPORTANT PART OF THE QUESTIONNAIRE IS ITEM 16, WHERE YOU DESCRIBE THE WORK YOU DO. PLEASE GIVE US AS MUCH DETAIL AS YOU CAN. Describe your job in your own words. Make everything so clear that anyone can understand exactly what you do.

DO NOT USE GENERAL STATEMENTS, such as "Clerical work," "Janitorial work," or "Accounting." INSTEAD, GIVE A COMPLETE LIST OF YOUR WORK OPERATIONS, in detailed description, such as "FILING LETTERS AND PAPERS FOR THE WHOLE DEPARTMENT," "TYPEWRITING NOTICES OF ASSESSMENT," "REPAIRING DESKS AND FURNITURE."

If one kind of work takes half your time, say so. If another kind takes a day or a month, tell us that. SHOW HOW YOUR WHOLE WORKING TIME IS USED, by hours, days, fractions of a week or month, or percentages.

EACH STATEMENT should describe an action, either mental or physical. Tell us WHAT YOU DO, HOW YOU DO IT, WHY IT IS DONE. Tell us the things you work with and the things you work on.

**EXAMPLES:** I take dictation of letters, articles and speeches in shorthand from a physician and transcribe them, using a typewriter. (ETC.)

I repair ten ton dump trucks. I replace broken pistons, crankshafts, transmissions and differentials. I completely rebuild motors for these trucks when necessary. I machine new parts to fit the trucks by turning them down on a lathe. I work to a tolerance of one-thousandth of an inch. I set up and operate the lathe myself. It is an engine lathe. I make all my own measurements, using a micrometer and caliper. (ETC.)

I teach adult immigrants to read, write and speak English. I teach Americanization courses and give them both individual and class instruction in citizenship in order to prepare them for obtaining their citizenship papers. (ETC.)

I supervise a clerical staff. I assign work to three typists, one account clerk, and one junior accountant. I review the procedures and technical proficiency of the work done by the accounting group, but I do not check their figures. I personally keep the accounts receivable ledger through which passes business to the extent of \$24,000 per month. I make the entries in it and take the trial balance. (ETC.)

IF YOU NEED MORE SPACE to describe all duties, use blank sheets of paper and attach one to each copy of the form. Also, where possible, attach one set of any forms that you use in doing your work. Do not hesitate to go into as much detail as you feel necessary to give a complete, accurate picture of your position.

PLEASE DO NOT WORK WITH OTHER EMPLOYEES IN FILLING OUT THE FORM. WE WANT YOUR OWN STATEMENT OF YOUR WORK, even if some other people do work exactly like yours. You may ask your supervisor to explain any question you do not understand, but please use your own words in answering the questions.

PLEASE RETURN THE COMPLETED FORMS TO YOUR SUPERVISOR WITHIN

THREE WORKING DAYS FROM THE TIME YOU GET THEM

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**LEAVE THIS SPACE BLANK**

## CLASSIFICATION QUESTIONNAIRE

**17. CONSULT THE INSTRUCTION SHEET BEFORE FILLING OUT THIS SECTION. DESCRIBE BELOW IN DETAIL THE WORK YOU DO.** LIST THE DIFFERENT ITEMS IN ORDER OF THEIR IMPORTANCE. SHOW THE MARGIN AT THE LEFT WHAT PART OF YOUR WORKING TIME YOU SPEND ON EACH ITEM. **IMPORTANT:** IF POSSIBLE, ATTACH COPIES OF FORMS YOU USE IN DOING YOUR WORK. EXPLAIN HOW EACH IS USED AND SHOW THE KIND OF ENTRIES YOU MAKE ON EACH FORM. (IF MORE SPACE IS NEEDED, USE BLANK SHEETS AND ATTACH HERETO). PLEASE NOTE THIS QUESTIONNAIRE IS AN INTEGRAL PART OF THE CLASSIFICATION STUDY PROCESS.

TIME	WORK
	A. DESCRIBE IN DETAIL THE WORK YOU PERFORM:
	B. DESCRIBE THOSE DUTIES WHICH YOU FEEL ARE NOT CONSISTENT WITH YOUR CLASSIFICATION:



18. WHAT IS THE MOST DIFFICULT OR MOST TECHNICAL TASK YOU PERFORM IN THE COURSE OF YOUR USUAL DUTIES?

19. WHAT IS THE PURPOSE OF YOUR WORK?

20. TO WHAT PERSON, DEPARTMENT OR DIVISION DOES YOUR WORK GO WHEN YOU HAVE FINISHED WITH IT?

21. WHAT IS DONE WITH THE WORK WHEN YOU HAVE COMPLETED IT?

22. LIST ANY EQUIPMENT OPERATED OR USED BY YOU IN YOUR WORK. ALSO GIVE % OF THE TIME SPENT IN EACH OPERATION.

23. GIVE THE NAMES AND TITLES OF ANY EMPLOYEES WHO WORK UNDER YOUR SUPERVISION. IF YOU SUPERVISE AN ENTIRE SECTION, DIVISION OR OTHER UNIT, GIVE THE NAME OF SUCH UNIT. GIVE AN EXAMPLE OF HOW YOU EXERCISE THIS SUPERVISION.

24. WHO CHECKS OR REVIEWS YOUR WORK? GIVE NAME AND TITLE OF PERSON.

25. DESCRIBE THE NATURE OF SUCH CHECK OR REVIEW

26. CLASSIFICATION TITLE WHICH YOU FEEL IS CONSISTENT WITH DUTIES AND RESPONSIBILITIES IN 17-B:

TIES DATE

SIGNATURE OF EMPLOYEE

**TO BE FILLED IN BY THE IMMEDIATE SUPERVISOR**

27. COMMENT ON THE ABOVE STATEMENTS OF THE EMPLOYEE. INDICATE ANY INACCURACIES OR INCOMPLETE ITEMS.

28. CHECK THOSE OF THE FOLLOWING STATEMENTS WHICH YOU BELIEVE APPLY TO THIS POSITION:

**SUPERVISION RECEIVED**

- A. ASSIGNMENTS ARE MADE IN DETAIL -----  
B. ASSIGNMENTS ARE MERELY OUTLINED -----  
C. ASSIGNMENTS RESULT FROM THE FLOW OF WORK -----  
D. WORK IS CAREFULLY CHECKED WHILE IN PROCESS -----

- E. WORK IS CHECKED ONLY WHEN COMPLETED -----  
F. WORK IS SUBJECT ONLY TO OCCASIONAL REVIEW -----  
G. WORK IS RARELY, IF EVER REVIEWED -----

**SUPERVISION EXERCISED - JOB INVOLVES:**

- A. LAYING OUT OF WORK FOR OTHERS -----  
B. REVIEW OF WORK OF OTHERS -----  
C. IMPORTANT SUPERVISORY WORK -----  
D. NONE -----

**NATURE OF DUTIES**

- A. JOB IS OF BEGINNING GRADE OF ITS TYPE -----  
B. JOB IS ABOVE BEGINNING LEVEL -----  
C. JOB IS ADVANCED LEVEL -----  
D. JOB IS HIGHEST GRADE OF ITS TYPE -----  
E. WORK IS RATHER ROUTINE -----

- F. THE TYPE OF WORK CHANGES FREQUENTLY -----  
G. THE WORK VARIES ONLY WITHIN THE FIELD -----  
H. WORK VARIATION EXTENDS TO OTHER FIELDS -----  
I. EMPLOYEE MUST KNOW HIS OWN JOB -----  
J. EMPLOYEE MUST KNOW ALL WORK OF UNIT -----

- K. EMPLOYEE MUST KNOW WORK OF OTHER UNITS -----  
L. EMPLOYEE MAKES IMPORTANT WORK DECISIONS -----  
M. EMPLOYEE MAKES ROUTINE WORK DECISIONS -----

29. DOES THE POSITION INVOLVE TYPING?

☐ NO ☐ YES - GIVE % OF TIME SPENT IN TYPING \_\_\_\_\_ %

30. DOES THIS POSITION INVOLVE SHORTHAND?

☐ NO ☐ YES - GIVE % OF TIME SPENT IN TAKING SHORTHAND \_\_\_\_\_ %

31. INDICATE HOW QUALIFICATIONS WHICH YOU THINK SHOULD BE REQUIRED IN FILLING A FUTURE VACANCY IN THIS POSITION. KEEP THE POSITION ITSELF IN MIND RATHER THAN THE QUALIFICATIONS OF THE INDIVIDUAL WHO NOW OCCUPIES IT.

	MINIMUM QUALIFICATIONS	ADDITIONAL DESIRABLE QUALIFICATIONS
EDUCATION, GENERAL		
EDUCATION, SPECIAL OR PROFESSIONAL		
EXPERIENCE, LENGTH IN YEARS AND KIND		
LICENSES, CERTIFICATES OR REGISTRATIONS		
SPECIAL KNOWLEDGES, ABILITIES AND SKILLS		
AGE, SEX, PHYSICAL REQUIREMENTS OR OTHER FACTORS		

DATE

SIGNATURE OF IMMEDIATE SUPERVISOR

**TO BE FILLED IN BY THE DEPARTMENT HEAD**

32. COMMENT ON THE ABOVE STATEMENTS OF THE EMPLOYEE AND THE SUPERVISOR. INDICATE ANY INACCURACIES OR STATEMENTS WITH WHICH YOU DISAGREE.

DATE

SIGNATURE OF DEPARTMENT HEAD