**Section 1 – INTRODUCTION**

**Purpose: This section provides general direction for completing the Job Analysis Questionnaire and is further supplemented by the additional instructions set out in the remaining sections of this questionnaire.**

The collection of accurate, complete and up-to-date information is essential to, and forms the basis of, the job evaluation process.

The purpose of this questionnaire is to help you describe your job, and to tell us the conditions under which you carry it out so that we can analyze it. The questionnaire focuses on **CURRENT** job content and requirements. **THIS IS NOT AN APPRAISAL OF YOUR PERFORMANCE ON THE JOB.**

Please read the questionnaire carefully, and complete each section. Throughout the questionnaire examples are requested and are important as you describe the job.

Your Manager will review your completed questionnaire and add comments at the end of each section. Feel free to keep a copy of the questionnaire. Please complete the Signatures Section (18) on page 27.

Additional comments can be recorded in section 17 on page 27. Additional Manager Comments can be recorded in section 19 on page 28.

**EMPLOYEE - STEPS TO FOLLOW:**

1. Please read the Job Analysis Questionnaire carefully, and complete each section. If you find that some questions do not relate to your job, please write in “not applicable”.
2. The information you provide should relate to the job content as it currently exists. When reviewing your duties and responsibilities, ensure that you consider the entire job cycle (activities that regularly occur in a one-year period).
3. Group submissions are encouraged for employees doing the same or very similar job duties.
4. **It is suggested that you complete sections 5 through 17 before completing sections 3 and 4. The “Sample Key Activities” may assist you in completing Section 4.**
5. Once you have completed the Job Analysis Questionnaire, forward it to your Manager for review. Feel free to keep a copy of the Job Analysis Questionnaire. Please complete the Signatures Section (18).
6. Your manager will review your completed Job Analysis Questionnaire and add comments at the end of each section.

Please keep in mind that, although you are the employee(s) doing the job, what is being described are the current responsibilities of the job – not how well you are performing these tasks and responsibilities. It is important that you concentrate only on providing the facts about the job and its responsibilities.



**MANAGER – STEPS TO FOLLOW:**

1. Please review all sections of the completed questionnaire thoroughly and add any additional information or comments in each section.

2. DO NOT CHANGE EMPLOYEE’S RESPONSES.

**Section 2 – JOB IDENTIFICATION**

**Purpose: This section gathers basic identifying material so we can keep track of completed Job Analysis Questionnaires.**

Please indicate the title that is commonly used for your job. If the title in the collective agreement is different, put the collective agreement title in brackets ( ).

Provide your name and work telephone number(s) in case the Joint Job Evaluation Committee needs to contact you to clarify information. For group Job Analysis Questionnaire submissions, please note the name and telephone number(s) of the contact person.

Job title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Classification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person completing the questionnaire for a single employee, or contact person for group questionnaire submission:

Name (**Print**): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District/Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Position No.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**JAQ No. ¯ ¯**

Work Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Office use only:**

*See Section 18 on page 28 for signatures.*

# Section 3 – JOB SUMMARY

**Purpose: This section describes why the job exists.**

Briefly describe the general purpose of this job:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tips:

Consider “*Why does this job exist?*” and “*What is this job responsible for?*” \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



Think about what you would say if someone approached you and asked



you about your job. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You may wish to begin with:”*The (Job Title) exists to …”* or“*The (Job Title)*



*is responsible for…” \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

## \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

## MANAGER’S COMMENTS – JOB SUMMARY

## COMMENTS (must be completed if “Incomplete” or “No” are selected):

**Are the responses to this question:  Complete  Incomplete** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you agree with the responses:  Yes  No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Manager’s Initials: \_\_\_\_\_\_\_\_\_\_\_**

## Section 4 – KEY WORK ACTIVITIES

**Purpose: This section describes the key activities, duties and responsibilities of the job.**

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

1. List the duties you regularly perform **EACH DAY**, indicating for each the number of hours.

|  |  |
| --- | --- |
| **Approx. hrs./day** | **DUTY** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

2. List the duties you regularly perform **EACH WEEK**, indicating for each the number of hours.

|  |  |
| --- | --- |
| **Approx. hrs./day** | **DUTY** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

3. List the duties you regularly perform **EACH MONTH**, indicating for each the number of hours.

|  |  |
| --- | --- |
| **Approx. hrs./day** | **DUTY** |
|  |  |
|  |  |
|  |  |
|  |  |

## Section 4 – KEY WORK ACTIVITIES (cont’d)

4. List the duties you regularly perform **ONCE A YEAR or OCCASIONALLY**, indicating for each the number of hours.

|  |  |
| --- | --- |
| **Approx. hrs./day** | **DUTY** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

## \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

## MANAGER’S COMMENTS – DECISION-MAKING

**COMMENTS (must be completed if “Incomplete” or “No” are selected):**

**Are the responses to the question:  Complete  Incomplete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you agree with the responses:  Yes  No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Manager’s Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_**

# Section 5 – DECISION-MAKING

**Purpose: This section gathers information about the decision-making process required on the job.**

For each situation, please indicate the response that most appropriately describes your job. Provide examples where requested. Add any additional examples under “Other”.

Example: if the job requires you to follow specific instructions/procedures most of the time, check the box under “Most of the time” and give examples. If the job requires you to modify established methods often, check “Often”.



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **(a)** | **In this job, do you (check all responses that apply)** | **Almost never** | Sometimes | Often | Most of the time |
|  | Follow specific instructions/procedures, use well-defined methods or use established guidelines to achieve desired end results.  Example: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| Modify or change established department methods and procedures, but stay within program or legislative boundaries.  Example: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| Develop new solutions to diverse and complex problems with conflicting requirements because there are no guidelines.  Example: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
|  |  |  |  |  |
| **(b)** | **When there is a situation you have not come across before, do you (check all responses that apply)** | **Almost never** | Sometimes | Often | Most of the time |
| Immediately ask the supervisor/leader what to do |  |  |  |  |
| Ask co-workers for help in deciding what to do |  |  |  |  |
| Read manuals and figure out what to do |  |  |  |  |
| Decide with your supervisor what to do |  |  |  |  |
| Check guidelines and past practices |  |  |  |  |
| Decide what to do based on your related experience |  |  |  |  |
| Get advice from management and/or other sources (e.g. supplier, consultants) |  |  |  |  |
| Other (specify) |  |  |  |  |
|  |  |  |  |  |

# Section 5 – DECISION-MAKING (cont’d)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **(c)** | **To what extent is the decision-making of this job guided by others (check all responses that apply and provide examples)** | **Almost never** | Sometimes | Often | Most of the time |
|  | Immediate supervisor  Example: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| Others in own program/department  Example: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| Region /division management  Example: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| Departmental management  Example: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| Specialists / Inspectors / Engineers / Tradespersons / Technicians  Example: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| Senior Management  Example: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| Other  Example: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |

## \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

## MANAGER’S COMMENTS – DECISION-MAKING

**COMMENTS (must be completed if “Incomplete” or “No” are selected):**

**Are the responses to the question:  Complete  Incomplete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you agree with the responses:  Yes  No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Manager’s Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_**

# Section 6 – EDUCATION AND SPECIFIC TRAINING

**Purpose: This section gathers information on the minimum level of completed formal education required for the job.**

(a) What typical **minimum** level of completed schooling or formal training would be necessary for a **new person** being hired into this job? **This does not reflect the education that you have, but what is the typical minimum requirement of the job.**

1. Less than High School Graduation

**(ii)** Less than High School Graduation with courses or programs

**(iii)** Completion of High School (or equivalent)

**(iv)** Technical / Vocational / Community College: 1 year  2 years  3 years

Specify (Do not use abbreviations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(v)** Apprenticeship for Licensed Trades: 2 years  3 years  4 years  5 years

Specify (Do not use abbreviations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(vi)** Other :

Specify (Do not use abbreviations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(b) Do you require a license or certification / registration for your job?  Yes  No

If yes, please specify and provide the name of the licensing / certification / registration body (do not use abbreviations):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(c) What additional special skills or training, are needed to perform the job. Indicate the length of the course/program:

Specify (Do not use abbreviations): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## MANAGER’S COMMENTS – EDUCATION AND SPECIFIC TRAINING

**COMMENTS (must be completed if “Incomplete” or “No” are selected):**

**Are the responses to the question:**  **Complete**  **Incomplete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you agree with the responses:**  **Yes**  **No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Manager’s Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Section 7 – EXPERIENCE**

**Purpose: This section gathers information on the minimum relevant experience required for a job. Relevant experience may include previous job-related experience and/or on-the-job learning or adjustment.**

Estimate the **minimum** relevant experience gained: **(a)** prior to and/or **(b)** on-the-job, that is required for a new person with the education recorded in Section 6 to acquire the skills needed to carry out the requirements of this job.

For part (a), ask yourself, “*Is previous related job experience necessary? If so, how much?*”



For part (b), ask yourself, “*Is time on the job required to learn new tasks and responsibilities or to adjust to the job? If so, how much?*”



**Do not include laboratory, practicum, or apprenticeship, etc., time recorded in Section 6.**



(a) Required previous related job experience **(do not include practicum or apprenticeship if covered in Section 6 – Education and Specific Training)**

None  6 months  1 year  3 years  5 years

Up to 3 months  9 months  2 years  4 years  More (specify years) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the experience requirements gained on previous jobs here or elsewhere needed to prepare for this job**:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(b) Average time required on the job to learn and/or adjust to this job:

1 month or fewer  6 months  1 year  3 years

3 months  9 months  2 years  More (specify years) \_\_\_\_\_\_\_\_\_\_\_\_\_

Describe the tasks and responsibilities that need to be learned in order to satisfy the requirements of this job:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## MANAGER’S COMMENTS – EXPERIENCE

**COMMENTS (must be completed if “Incomplete” or “No” are selected):**

**Are the responses to the question:  Complete  Incomplete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you agree with the responses:  Yes  No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Manager’s Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Section 8 – INDEPENDENT JUDGEMENT**

**Purpose: This section gathers information on the extent to which the job exercises independent action.**

All jobs require some independent action, but to varying degrees. Some jobs are highly structured and have many formal procedures, while others require exercising judgement or taking actions that have no precedents to serve as a guide.

Consider the type and level of guidance provided to this job. Guidance can come from rules, instructions, established procedures, defined methods, manuals, policies, professional standards, precedents, leadership from others and direct supervision.

(a) To what extent does this job control its own work as opposed to being guided by rules, procedures, policies, supervisory presence or instructions directing actions required.

**Please check the answer that most closely represents expected job requirements.**

Most job requirements (to the extent possible) are set out within structure and rules and/or readily understood schedules to guide job tasks/duties required.

Some restrictions apply, but the control over setting work priorities and pace of work is contained within the job.

There are minimal restrictions, leaving significant control over the work being carried out within the scope of the job.

Other (please explain): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(b) To what extent does this job exercise judgement to determine how the work is to be done?

**Please check the answer that most closely represents expected job requirements.**

Work is mostly repetitive and predictable with little need for judgement. Example: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

­­­­­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work may present some unusual circumstances that require judgement or choices to be made. Example: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work presents difficult choices or unique situations that require judgement. Example: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## MANAGER’S COMMENTS – INDEPENDENT JUDGEMENT

**COMMENTS (must be completed if “Incomplete” or “No” are selected):**

**Are the responses to the question:  Complete  Incomplete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you agree with the responses:  Yes  No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Manager’s Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Section 9 – WORKING RELATIONSHIPS**

**Purpose: This section gathers information on the typical contacts or working relationships necessary in doing the job.**

(a) What are the typical contacts or working relationships **necessary** in doing this job? For each contact listed, determine the purpose of the contact and **check off all that apply** in the chart below. **Do not include contact with employees you supervise.**

**Purpose of Contact:**

**A** – No exchange **E** – Secure cooperation of others for the development of services, programs, policies or

**B –** Exchange of factual or work-related information agreements on behalf of the Program / Department

**C –** Explanation and interpretation of information or ideas **F** – Negotiation of service and / or supply agreements

**D** – Discussion of problems with a view to obtaining consent,

cooperation and/or coordination of activities

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Work Related Contact** | **CHECK OFF ALL THAT APPLY**  **(more than one, if applicable)** | | | | | |
| **A** | **B** | **C** | **D** | **E** | **F** |
| Employees in the same department |  |  |  |  |  |  |
| Employees in another department / site / agency (specify) |  |  |  |  |  |  |
| Students |  |  |  |  |  |  |
| Managers / supervisors of programs / departments or services |  |  |  |  |  |  |
| Clients |  |  |  |  |  |  |
| Family of clients |  |  |  |  |  |  |
| Business representatives |  |  |  |  |  |  |
| Suppliers / contractors |  |  |  |  |  |  |
| Volunteers / Community / Agencies |  |  |  |  |  |  |
| General Public |  |  |  |  |  |  |
| Other professionals |  |  |  |  |  |  |
| Government departments |  |  |  |  |  |  |
| Police and Ambulance |  |  |  |  |  |  |
| Others (specify) |  |  |  |  |  |  |

**Section 9 – WORKING RELATIONSHIPS (cont’d)**

Questions (b) to (j) that follow provide a series of situations that may be encountered in your job. Please provide the response that fits best for each situation. Provide examples or specify where requested.



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **HOW OFTEN DOES YOUR JOB REQUIRE YOU TO:** | | **Almost never** | Sometimes | Often | Most of the time |
| **(b)** | Have to tell people things they DO NOT want to hear? |  |  |  |  |
| * Other employees |  |  |  |  |
| * Client / residents / families |  |  |  |  |
| * The general public |  |  |  |  |
| * Other (specify) |  |  |  |  |
|  |  |  |  |  |  |
| **(c)** | **Have contact with very upset or very angry:** |  |  |  |  |
| * Clients / residents / families (not other workers) |  |  |  |  |
| * Outside groups (not other workers) |  |  |  |  |
| * General public |  |  |  |  |
| * Other employees |  |  |  |  |
| * Management |  |  |  |  |
| * Other (specify) |  |  |  |  |
|  |  |  |  |  |  |
| **(d)** | Have contact with extreme / special needs clients / residents? |  |  |  |  |
| Specify: |  |  |  |  |
|  |  |  |  |  |  |
| **(e)** | Talk with clients / residents to: |  |  |  |  |
| Get information from them |  |  |  |  |
| Inform them |  |  |  |  |
| Advise them |  |  |  |  |
| Devise mutual goals / objectives with them |  |  |  |  |
| Check on their progress |  |  |  |  |
|  |  |  |  |  |  |
| **(f)** | **Talk with families to:** |  |  |  |  |
| Get information from them |  |  |  |  |
| Inform them |  |  |  |  |
| Advise them |  |  |  |  |
| Devise mutual goals / objectives with them |  |  |  |  |
|  |  |  |  |  |  |

**Section 9 – WORKING RELATIONSHIPS (cont’d)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **HOW OFTEN DOES YOUR JOB REQUIRE YOU TO:** | | **Almost never** | Sometimes | Often | Most of the time |
|  |  |  |  |  |  |
| **(g)** | Talk with general public to: |  |  |  |  |
| Provide information |  |  |  |  |
| * Respond to questions |  |  |  |  |
| Make presentations |  |  |  |  |
|  |  |  |  |  |  |
| **(h)** | **Talk with other employees to:** |  |  |  |  |
| * Get information from them |  |  |  |  |
| * Inform them |  |  |  |  |
| Advise / persuade them |  |  |  |  |
| Give them advice on work procedures |  |  |  |  |
| Get advice from them on work procedures |  |  |  |  |
| Get cooperation from other parts of the organization on projects and programs |  |  |  |  |
| Other (specify) |  |  |  |  |
|  |  |  |  |  |  |
| **(i)** | Talk to vendors, contractors, consultants, government agencies and/or other external groups or organizations to: |  |  |  |  |
| Get information from them |  |  |  |  |
| Confer with peer professionals |  |  |  |  |
| Inform them |  |  |  |  |
| Arrange for services |  |  |  |  |
| Devise mutual goals/objectives with them |  |  |  |  |
| Lead meetings |  |  |  |  |
| Check on their progress |  |  |  |  |
| Other (specify) |  |  |  |  |
|  |  |  |  |  |  |
| **(j)** | Other (specify): |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

## \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

## MANAGER’S COMMENTS – WORKING RELATIONSHIPS

**COMMENTS (must be completed if “Incomplete” or “No” are selected):**

**Are the responses to the question:  Complete  Incomplete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you agree with the responses:  Yes  No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Manager’s Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Section 10 – Impact of Action**

**Purpose: This section gathers information on the likelihood of impact of action occurring when carrying out the duties of the job.**

When carrying out your job duties and responsibilities, what is the likelihood of your actions having an impact or an outcome on the following? Such effects are typical and not considered as carelessness, willful neglect or extreme circumstances.

Safety of co-workers and/or others Is an impact likely? Yes  No

If yes, please provide an example(s):

* What potential physical injury or harm could you cause to co-workers and/or others?
* What precautions need to be taken to prevent injury to others?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client / resident relations Is an impact likely? Yes  No

If yes, please provide an example(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family of clients / residents/ general public Is an impact likely? Yes  No

If yes, please provide an example(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provision of services Is an impact likely? Yes  No

If yes, please provide an example(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Departmental / site / agency / region operations Is an impact likely? Yes  No

If yes, please provide an example(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Equipment / instruments Is an impact likely? Yes  No

If yes, please provide an example(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reports and records Is an impact likely? Yes  No

If yes, please provide an example(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial resources Is an impact likely? Yes  No

If yes, please provide an example(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other – Is an impact likely? Yes  No

If yes, please provide an example(s):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Section 10 – Impact of Action (cont’d)**

## MANAGER’S COMMENTS – IMPACT OF ACTION

**COMMENTS (must be completed if “Incomplete” or “No” are selected):**

**Are the responses to the question:  Complete  Incomplete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you agree with the responses:  Yes  No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Manager’s Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_**

## Section 11 – Leadership/Supervision

**Purpose: This section gathers information on the requirements to supervise others, lead others and provide technical direction to enable them to carry out their job.**

(a) Leadership refers to the requirements of the job to supervise, provide leadership and direction to enable other employees to carry out their jobs. Include students, volunteers and/or employees that report to this job. **Do not include clients/residents.**

Specify any jobs or work group as appropriate, under one or more of these categories. **Check all that apply and provide examples.**

**Examples**

Provide occasional orientation to others \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assign and/or check work of others doing work similar to yours \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lead a project team, prioritize tasks, assign work, monitor progress to

achieve planned outcome(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide advice/instruction to others in how to carry out work

tasks \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide technical direction as an expert in a field in order for others to

carry out their primary job responsibilities \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide input to performance appraisal, and/or hiring \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coordinate replacement and/or scheduling of employees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervise a work group; assign work to be done, methods to be used, and

take responsibility for all the group \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervise the work, practice and procedures of a defined program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervise the work, practices and procedures of a department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provide teaching / instruction \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 11 – Leadership/Supervision (cont’d)**

(b) Which statement best describes your responsibility for supervision of the work of others?

No responsibility for supervision of others

Supervise others who do essentially the same work

Supervise others who hold different positions within the same area of activity

Supervise others who hold different positions within different areas of activity

Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(c) How many people do you supervise? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

## MANAGER’S COMMENTS – LEADERSHIP/SUPERVISION

**COMMENTS (must be completed if “Incomplete” or “No” are selected):**

**Are the responses to the question:  Complete  Incomplete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you agree with the responses:  Yes  No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Manager’s Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_**

# Section 12 – PHYSICAL DEMANDS

**Purpose: This section gathers information on the type and duration of physical effort required on a regular basis in your job.**

(a) What **physical effort** is required on a **regular** basis for your job? Please provide examples that are applicable to your job.

Duration means individual periods of **uninterrupted time** (except for scheduled breaks) – i.e. how long you have to perform the activity each time.



Frequency means **how often** each activity occurs within the day or week.



Place a checkmark in the chart below indicating the weight, duration and frequency of the activity. **Only indicate weight where applicable**.

**Light weight** – up to 6 ½ kg / 15 lbs **Occasional** – Once in a while

**Medium weight** – over 6 ½ kg /15 lbs but less than 13kg / 30 lbs **Frequent** – Several times a day, or at least four days per week

**Heavy weight** – over 13kg / 30 lbs

Exertions that are infrequent or that are not typical of the performance of the job should not be considered.



|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ACTIVITIES | **DURATION** | | | **FREQUENCY** | | **WEIGHT** |
| Up to and including 1 hr each time | Over 1 hr up to 2 hrs each time | More than 2 hrs each time | Occasional | Frequent | Light (L),  Medium (M),  Heavy (H)  (specify) |
| Walking |  |  |  |  |  |  |
| Standing |  |  |  |  |  |  |
| Sitting |  |  |  |  |  |  |
| Working in awkward positions |  |  |  |  |  |  |
| Working in confined spaces |  |  |  |  |  |  |
| Keyboarding |  |  |  |  |  |  |
| Driving |  |  |  |  |  |  |
| Lifting |  |  |  |  |  |  |
| Pushing |  |  |  |  |  |  |
| Pulling |  |  |  |  |  |  |
| Maintaining one position |  |  |  |  |  |  |
| Stretching / reaching |  |  |  |  |  |  |
| Climbing |  |  |  |  |  |  |
| Repetitive motion |  |  |  |  |  |  |
| Crouching |  |  |  |  |  |  |
| Mopping / raking / sweeping |  |  |  |  |  |  |
| Shoveling |  |  |  |  |  |  |
| Jack-Hammering |  |  |  |  |  |  |
| Others (please specify) |  |  |  |  |  |  |

# Section 12 – PHYSICAL DEMANDS (cont’d)

## \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

## MANAGER’S COMMENTS – PHYSICAL DEMANDS

**COMMENTS (must be completed if “Incomplete” or “No” are selected):**

**Are the responses to the question:  Complete  Incomplete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you agree with the responses:  Yes  No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Section 13 – DEXTERITY**

**Purpose: This section gathers information on the degree of dexterity, coordination and precision of movements required to perform the job duties.**

(a) Does your work require **accurate hand/eye or hand/foot coordination**? This can be:

**Fine movement**: using small muscles, e.g. keyboard skills, arc welding, drafting, repairing fine instruments/equipment



**Coarse movement**: using large muscles, e.g. using long-handled tools such as mops and shovels, floor polishers, lawnmowers, stocking shelves, sorting mail



Please check off either **fine** movement, or **coarse** movement where they apply.

Please provide examples that are applicable to your job. **Please specify in the examples the type of tools, equipment, machines, etc, you are required to use, operate, clean, maintain, adjust, service or repair.**

Place a checkmark in the chart below indicating the frequency of the activity.

**Occasional** – Once in a while, most days **Frequent** – Several times a day or at least four days per week **Almost Continuous** – Most working hours for at least an average of four days per week

Exertions that are infrequent or that are not typical of the performance of the job should not be considered.



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ACTIVITY EXAMPLES (please specify equipment where applicable) | **COORDINATION** | | **FREQUENCY** | | |
| Fine | Coarse | Occasional | Frequent | Almost Continuous |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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**Section 13 – DEXTERITY (cont’d)**

(b) Is **speed** an additional requirement for the coordination of your work? Yes  No

If yes, explain giving examples:

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

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

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## MANAGER’S COMMENTS – DEXTERITY

**COMMENTS (must be completed if “Incomplete” or “No” are selected):**

**Are the responses to the question:  Complete  Incomplete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you agree with the responses:  Yes  No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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# Section 14 – CONCENTRATION

**Purpose: This section gathers information on the frequency and duration of mental, oral (listening) and/or visual concentration required by your job.**

(a) What **mental, oral (listening) and/or visual effort** is required on a **concentrated** basis for this job? Please provide examples that are applicable to your job.

Duration means individual periods of **uninterrupted time** (except for scheduled breaks) – i.e. how long you have to perform the activity each time.



Frequency means **how often** each activity occurs within the day or week.



Place a checkmark in the chart below indicating the duration and frequency of the activity.

**Occasional** – Once in a while, most days **Frequent** – Several times a day or at least four days per week **Almost Continuous** – Most working hours for at least an average of four days per week

Exertions that are infrequent or that are not typical of the performance of the job should not be considered.



|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ACTIVITIES REQUIRING CONCENTRATION | **DURATION** | | | FREQUENCY | | |
| Up to and including1 hr each time | Over 1 hr up to 2 hrs each time | More than 2 hrs each time | Occasional | Frequent | Almost Continuous |
| Preparation of written/electronic materials |  |  |  |  |  |  |
| Use of computer software |  |  |  |  |  |  |
| Driving |  |  |  |  |  |  |
| Concentration on precision work |  |  |  |  |  |  |
| Report writing |  |  |  |  |  |  |
| Making presentations |  |  |  |  |  |  |
| Provide training, instruction |  |  |  |  |  |  |
| Interviewing |  |  |  |  |  |  |
| Observing people |  |  |  |  |  |  |
| Traffic control |  |  |  |  |  |  |
| Operating specialized equipment |  |  |  |  |  |  |
| Data entry |  |  |  |  |  |  |
| Viewing equipment / instruments |  |  |  |  |  |  |
| Active listening |  |  |  |  |  |  |
| Proofreading |  |  |  |  |  |  |
| Other (please specify) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Section 14 – CONCENTRATION (cont’d)**

(b) Must attention be shifted frequently from one job detail to another?

Examples: keyboarding and answering the telephone; dictatyping; repairing and listening to equipment



Yes  No

If yes, explain giving examples:

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## MANAGER’S COMMENTS – CONCENTRATION

**COMMENTS (must be completed if “Incomplete” or “No” are selected):**

**Are the responses to the question:  Complete  Incomplete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you agree with the responses:  Yes  No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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# Section 15 – WORKING CONDITIONS

**Purpose: This section gathers information on the undesirable or disagreeable environmental conditions or hazards under which the job is carried out.**

(a)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **DO YOU WORK:** | Year round | Spring | Summer | Fall | Winter |
| Equally indoors and outdoors |  |  |  |  |  |
| Always indoors |  |  |  |  |  |
| Always outdoors |  |  |  |  |  |
| Outdoors more often |  |  |  |  |  |
| Indoors more often |  |  |  |  |  |

(b) Are you exposed to some degree of **unpleasantness** in the day-to-day activities of your job?

Check all conditions that apply to you, and **within each condition** indicate **only one** of “little”, “occasional”, “frequent”, or “almost continuous”.

**Little** – condition seldom occurs **Frequent** – condition occurs several times daily

**Occasional** – condition occurs once in a while **Almost Continuous** – condition occurs almost all the time

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CONDITION (specify if applicable)** | **Little** | **Occasional** | **Frequent** | Almost Continuous |
| Blood / body fluids |  |  |  |  |
| Chemical substances (specify) |  |  |  |  |
| Congested workplace |  |  |  |  |
| Dust |  |  |  |  |
| Extreme temperature |  |  |  |  |
| Foul language |  |  |  |  |
| Grease |  |  |  |  |
| Head lice |  |  |  |  |
| Heat |  |  |  |  |
| Inadequate lighting |  |  |  |  |
| Inadequate ventilation |  |  |  |  |
| Insects, rodents, etc. |  |  |  |  |
| Interruptions |  |  |  |  |
| Isolation |  |  |  |  |
| Latex |  |  |  |  |
| Moisture |  |  |  |  |
| Mould |  |  |  |  |
| Multiple deadlines |  |  |  |  |
| Noise |  |  |  |  |
| Odour |  |  |  |  |
| Oil |  |  |  |  |

# Section 15 – WORKING CONDITIONS (cont’d)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **CONDITION (specify if applicable)** | **Little** | **Occasional** | **Frequent** | Almost Continuous |
| Radiation exposure (specify) |  |  |  |  |
| Second-hand smoke |  |  |  |  |
| Steam |  |  |  |  |
| Transporting or handling animal remains |  |  |  |  |
| Travel |  |  |  |  |
| Vibration |  |  |  |  |
| Other (specify) |  |  |  |  |

(c) Is there some degree of exposure to **hazards** in the day-to-day activities of your job?

Check all hazards that apply to you, and **within each hazard** indicate **only one** of “little”, “occasional”, “frequent”, or “almost continuous”.

**Little** – condition seldom occurs **Frequent** – condition occurs several times daily

**Occasional** – condition occurs once in a while **Almost Continuous** – condition occurs almost all the time

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HAZARD (specify if applicable)** | **Little** | **Occasional** | **Frequent** | **Almost Continuous** |
| Abusive clients |  |  |  |  |
| Blood / body fluids |  |  |  |  |
| Chemical substances (specify) |  |  |  |  |
| Traveling in inclement weather (do not include travel to and from work) |  |  |  |  |
| Excessive / unpredictable weights |  |  |  |  |
| Dangerous goods |  |  |  |  |
| Extreme noise |  |  |  |  |
| Faulty / inadequate equipment |  |  |  |  |
| Personal injury |  |  |  |  |
| Personal safety at risk due to isolation |  |  |  |  |
| Radiation exposure (specify) |  |  |  |  |
| Sharp objects |  |  |  |  |
| Small aircraft |  |  |  |  |
| Enforcement activities |  |  |  |  |
| Firefighting |  |  |  |  |
| Verbal and/or physical abuse |  |  |  |  |
| Video display terminal |  |  |  |  |
| Violence |  |  |  |  |
| Working from heights |  |  |  |  |
| Communication (language, radio) |  |  |  |  |

# Section 15 – WORKING CONDITIONS (cont’d)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Threats |  |  |  |  |
| Clients / public difficult to deal with |  |  |  |  |
| Other (Specify) |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

(d) Do you have to take certain training, precautions or wear protective clothing to avoid a work injury?

(Check one and provide an explanation or example of the type of precaution(s) normally taken)

Yes  No

Please explain your answer:

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## MANAGER’S COMMENTS – WORKING CONDITIONS

**COMMENTS (must be completed if “Incomplete” or “No” are selected):**

**Are the responses to the question:  Complete  Incomplete \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you agree with the responses:  Yes  No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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# Section 16 – ORGANIZATIONAL WORK CHART

**Purpose: This section gathers information regarding the organization in which your job functions.**

(i) In the top box (immediately above **your job**), fill in the title of your immediate supervisor. This will be the position to which you directly report.

(ii) Fill in the title of **your job** in the next box.

(iii) In the box immediately below **your job**, fill in the title of positions that report directly to you.

Be sure to write in the title of the position – **not** the name of the person currently in the job.



#### Titles of positions that report directly to you

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your job title**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

#### Title of your immediate supervisor

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MANAGER’S COMMENTS – ORGANIZATIONAL WORK CHART**

**Are the responses to this question:  Complete  Incomplete**

**Do you agree with the responses:  Yes  No**

**COMMENTS (must be completed if “Incomplete” or “No” are selected):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Manager’s Initials: \_\_\_\_\_\_\_\_\_**

# Section 17 – OTHER EMPLOYEE COMMENTS

Please add any additional information or comments **and reference the specific questionnaire section and question as appropriate.**

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# Section 18 – SIGNATURES

(a) Single job submission: **NAME (Please Print)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(b) Group submission:

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE SUBMIT TO MANAGER**

**Section 19 – MANAGER’S COMMENTS**

For Manager, please review all sections of the completed questionnaire thoroughly. It is important that the information provided serves as a fair representation of the job data for this job.

DO NOT CHANGE EMPLOYEE’S RESPONSES.

Please add any additional information or comments and **reference the specific questionnaire section and question as appropriate.**

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Manager Name: (Please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE RETURN A COPY OF THE COMPLETED QUESTIONNAIRE TO EMPLOYEE OR EMPLOYEE GROUP CONTACT PERSON.**