

SD#64 (GULF ISLANDS)

JOB REVIEW QUESTIONNAIRE

SHORT 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, refer to your current job description and write your responses legibly in pen. Provide as much detail as possible and attach additional pages if necessary.

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 the page three.

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
FORM TWO

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
FORM TWO

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
FORM TWO

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.