

JOINT JOB ANALYSIS QUESTIONNAIRE - INSIDE UNIT

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 the Joint Rating Committee may analyze it. Please read this questionnaire carefully and either write your response legibly in pen or complete it electronically. An electronic version of this questionnaire is available on the City of Greater Sudbury intranet site (CITYLinks). Simply click on the Human Resources icon, followed by Job Evaluation & Pay Equity/CUPE 4705 (Inside Unit). To ensure consistent information is reviewed for each job, supplementary information/documentation will not be taken into consideration. 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 answers will be treated confidentially and will be used solely to develop job descriptions and carry out an evaluation of the job. Your job performance will have no impact on the evaluation of the position. Employees doing the same job are encouraged to discuss their duties with each other. For those jobs with multiple incumbents, group submissions are preferred if each person is in agreement with the response and signs the back page.

It is important that Supervisor(s) read the employees' submissions and are encouraged to make comments. Supervisor(s) are asked not to change an employee's response but to comment in the space provided for each question. It is the role of the Joint Rating Committee to review and make a decision on the rating based on the information provided by both the incumbent and supervisor.

Members of the Joint Rating Committee

Union Members

Vacant (Advisor)	Extension
Bob Lagace	Extension 3823
Leslie Greene	Extension
Melanie McDougall (Alternate)	Extension
Jennifer Babin-Fenske (Alternate)	Extension

Employer Members

Maria Saari (Advisor)	Extension 4381
Andrea Martin	Extension 4379
Teresa Cirillo	Extension 3811

For questions, Incumbents are encouraged to contact the Union Advisor or one of the Union Members on the Joint Rating Committee and Supervisors should contact the Human Resources Co-ordinator in jurisdiction/Employer Advisor.

Feel free to keep a copy of the questionnaire once you and your supervisor have completed and signed it. Thank you for your assistance.

IDENTIFICATION

Date: _____

Employee Name: _____

Title of Job: (Section and Division)

Education:

Length of time in this Position:

Name and Title of your Immediate Supervisor (Non Union):

Do you report to anyone else? (Name and Title):

PART "A" - JOB DESCRIPTION

PREAMBLE

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

(Please use an additional sheet of paper to list job duties, if required.)

List the duties you regularly perform EACH DAY, which are not included in your current job description, indicating for each the number of hours.

Approx. Hrs per Day per Duty

JOB SUMMARY

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

PART "B" - JOB ANALYSIS

QUESTION NO #1 - KNOWLEDGE

Do you require a license, formal or professional designation or diploma/certificate for your job?

Please specify.

SUPERVISOR'S COMMENTS ON QUESTION #1

Are the responses to this question:	Complete	Incomplete
Do you agree with the responses?	Yes	No

Supervisor's Initials: _____

QUESTION NO #2 - EXPERIENCE AND TRAINING

Does the current job description adequately address the educational and experience requirement?

YES NO

If No explain.

SUPERVISOR'S COMMENTS ON QUESTION #2

Are the responses to this question:	Complete	Incomplete
Do you agree with the responses?	Yes	No

Supervisor's Initials: _____

QUESTION NO #3 - INITIATIVE, JUDGEMENT AND CHOICE OF ACTION

Describe some typical problems that you generally solve on your own, using your experience and expertise.

Describe some typical problems that you would usually pass on to your supervisor or a colleague.

What guidelines, procedures and/or manuals, industry codes, legislation and by-laws assist you in carrying out your job duties?

Does your job require you to develop new work methods, procedures or manuals?

YES NO

Please explain/provide examples:

SUPERVISOR'S COMMENTS ON QUESTION #3

Are the responses to this question: Complete Incomplete

Do you agree with the responses? Yes No

Supervisor's Initials: _____

QUESTION NO #4 - CONTACTS/INTERPERSONAL SKILLS

Please complete the following chart to indicate the normal contacts you make in performing your job duties.

Type of Contact	List Specific Contact	General Purpose of Contact (e.g., Obtain or hand out information; Explain and exchange information; Handle complaints; Problem solving; Teach/train; Mediate and/or Negotiate)	Indicate Normal Frequency (e.g., daily, weekly, monthly, occasionally, annually)
Contacts within the organization			

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Contacts outside the organization			

SUPERVISOR'S COMMENTS ON QUESTION #4

Are the responses to this question: Complete Incomplete
 Do you agree with the responses? Yes No
 Comments:

Supervisor's Initials: _____

QUESTION NO #5 - SUPERVISION RECEIVED:

What position(s) supervise this position? Please explain the extent of supervision (e.g. how much Supervisor(s) exercise control over work, whether all problems are referred to Supervisor or just unusual problems, what practices, policies or procedures exist to guide Employees, etc.)

SUPERVISOR'S COMMENTS ON QUESTION #5

Are the responses to this question: Complete Incomplete
Do you agree with the responses? Yes No

Supervisor's Initials: _____

QUESTION NO #6 -ACCURACY - RESPONSIBILITY FOR LOSS OR ERRORS

This question looks at the opportunity for, and the probable effect of, errors on the job. It is a measure of the probable monetary loss to the City resulting from errors in accuracy and in decisions. This question also deals with the nature of checks or controls established to prevent or minimize errors and thoroughness, care, and accuracy required by the Employee. Do not include extreme possibilities - only those considered reasonable normal errors.

Give three examples of typical errors in the normal course of your job.

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? Remember not to include extreme possibilities.

How would such errors be discovered, corrected and resolved? (i.e. What checks or controls exist to prevent or catch errors - examples are guidelines, procedures, manuals, legislative/regulatory guidelines and supervision)

SUPERVISOR'S COMMENTS ON QUESTION #6

Are the responses to this question: Complete Incomplete
 Do you agree with the responses? Yes No

Supervisor's Initials: _____

QUESTION NO #7 - SUPERVISION (INSTRUCTING) OF OTHERS

Does your job require you to perform any of the following? Please indicate those positions you provide supervision or instruction (include employees, students, volunteers, etc.) and indicate frequency.

Does your job require you to:	Indicate the job title of all positions to which you provide this to? (In applicable, include volunteers or students)	How often do you provide any of those in Column 1? E.g. rarely, occasionally, regularly
Provide guidance, instruction and direction to others?		
Schedule and/or coordinate work of others?		
Assign work and/or personnel?		
Maintain quality, accuracy, quantity of work of others?		
Develop work procedures?		
Train?		
Other? Please specify.		

SUPERVISOR'S COMMENTS ON QUESTION #7

Are the responses to this question: Complete Incomplete
Do you agree with the responses? Yes No

Supervisor's Initials: _____

QUESTION NO #8 - ATTENTION - VISUAL DEMAND

Please describe those duties of your job which require periods of visual attention that result in strain or fatigue. This question deals with the amount of concentration and the continuous period of application on one task that is required to successfully carry out the duties.

DURATION

FREQUENCY

Approx Hrs/Day

Once in a While, Several Times Daily, Most working hours

Give examples of activities requiring visual effort:

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

YES NO

If yes, please give examples:

Are there interruptions or distracting influences?

YES NO

Please explain:

SUPERVISOR'S COMMENTS ON QUESTION #8

Are the responses to this question: Complete Incomplete
Do you agree with the responses? Yes No

Supervisor's Initials: _____

QUESTION NO #9 - PHYSICAL EFFORT

What are the physical demands of the position?

(e.g. sitting, standing, carrying, lifting, walking, etc.)

Please note weight of material required to be lifted, carried, etc. (if applicable) Please indicate percent of time spent doing the noted activities on a daily or weekly basis.

Up to 50% of time

Over 50% of time

SUPERVISOR'S COMMENTS ON QUESTION #9

Are the responses to this question: Complete Incomplete
Do you agree with the responses? Yes No

Supervisor's Initials: _____

QUESTION NO #10 - WORKING CONDITIONS

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.

- | | |
|-------------------|--|
| 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	Little	Occasional	Frequent	Almost Continuous
Animals					
Body Waste/Fluids					
Chemical/Cleaning Substances					
Dust/Dirt					
Extreme Temps					
Grease/Oil					
Inadequate Lighting					
Inadequate Ventilation					
Inclement Weather					
Infectious Disease					
Interruptions					
Lack of Privacy					
Moisture/Steam					
Noise					
Odour					
Smoke/Fumes					
Travel					
Vibration					
Other - Specify					

What is the normal location (or locations) in which you usually carry out your job? Please indicate whether you work in an open area, have your own office, or work in an area with dividers (please specify).

Do you work:

	Year Round	Spring	Summer	Fall	Winter
Equally Indoors and Outdoors	_____	_____	_____	_____	_____
Always Indoors	_____	_____	_____	_____	_____
Always Outdoors	_____	_____	_____	_____	_____
Outdoors more often	_____	_____	_____	_____	_____
Indoors more often	_____	_____	_____	_____	_____

Are you exposed to any of the following work pressures and stresses in your job?

Foul language or Verbal abuse?

Explain/Provide Example:

Physical abuse or threats?

Explain/Provide Example:

Clients, patients, students, general public, etc. who are difficult to deal with?

Explain/Provide Example:

Other - Please specify/Provide Example

SUPERVISOR'S COMMENTS ON QUESTION #10

Are the responses to this question:

Complete

Incomplete

Do you agree with the responses?

Yes

No

Supervisor's Initials: _____