

# STATE POSITION CLASSIFICATION QUESTIONNAIRE

FOR CIVIL SERVICE COMMISSION USE

NEW JERSEY CIVIL SERVICE COMMISSION DIVISION OF STATE & LOCAL OPERATIONS

S&LO  
LOG NO.

**IMPORTANT:** Full instructions for completing this form are located on the last page. It is most important that employees and supervisors read them carefully. The form must be signed by the employee, his or her supervisor, the Program Manager or Division Director and the Appointing Authority Representative.

EMPLOYEE  
ID #

CSS  
REQUEST NO.

**INCOMPLETE REQUESTS WILL BE RETURNED.**

1. NAME OF EMPLOYEE (IF ANY)	2. ANNUAL SALARY ( <i>Current</i> )	3. POSITION NO.	4. CODE ( <i>Range and Title</i> )
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5. OFFICIAL CIVIL SERVICE TITLE	6. WORKING TITLE ( <i>If different</i> )
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7. LOCATION OF POSITION  
(*Geographic location, Unit, Section, Division, Institution, or Department*)

7A. EMPLOYEE WORK OR HOME MAILING ADDRESS

8. REQUESTED TITLE (*This is a required field for appeals.*)

9. WORK (DUTIES) PERFORMED - Describe in detail the work required of this position. Make descriptions so clear that persons unfamiliar with the work can understand exactly what is done. **You MUST also explain how the duties at issue are more appropriate to the requested title than your current title.** **NOTE:** If this is a vacant position or a new position request, the form must be completed by the supervisor of the position and certified for accuracy by the Appointing Authority Representative.

Percent of Time	Work (Duties) Performed	Order of Difficulty

**ITEM 9 CONTINUED**

Percent of Time	Work (Duties) Performed	Order of Difficulty

10. REGULAR SCHEDULE OF WORK HOURS					
DAY	FROM	TO	DAY	FROM	TO
<i>Monday</i>			<i>Friday</i>		
<i>Tuesday</i>			<i>Saturday</i>		
<i>Wednesday</i>			<i>Sunday</i>		
<i>Thursday</i>			Length of Lunch Period - - - - -		
<b>Total Hours Worked Per Week</b> - - - - -					

10 A. EXPLAIN ROTATION OF SHIFTS, IF ANY

**QUESTIONNAIRE CONTINUED**

11. TYPE OF SUPERVISION RECEIVED (Check One — See definitions on page 5)

- CLOSE   
  LIMITED   
  GENERAL   
  OTHER (Explain) \_\_\_\_\_

12. Does this position supervise other employees?

- YES (If yes, complete Items A thru E)     NO  
 A.  Occasionally?    [or]     Regularly?  
 B. Responsible for the preparation of performance evaluations?     YES     NO  
 C. Assign work?     YES     NO  
 D. Review completed work of employees supervised?     YES     NO

E. List the names and titles of the employees supervised directly.  
*(If the employees supervised comprise one or more complete units, include the names of the units)*

**13. CERTIFICATION  
OF  
EMPLOYEE**



I CERTIFY that I have read the instructions and the entries made above are my own and, to the best of my knowledge, are accurate and complete.

SIGNATURE ..... DATE .....

**14. STATEMENTS OF IMMEDIATE SUPERVISOR**

A. Comments on Statements of Employee

Check here if continued on additional sheets.

B. What do you consider the most important duties of this position?

Check here if continued on additional sheets.

C. List those knowledges and abilities necessary for standard performance of the job to be done by an incumbent of this position

Check here if continued on additional sheets.

- D. I  AGREE     DISAGREE with the employee's description of job duties.  
 E. I  AGREE     DISAGREE with the employee's cited percentage of time.  
 F. I  AGREE     DISAGREE with the title proposed by the employee.

If you disagree with any of the above-stated factors, explain the nature of the disagreement here:

Check here if continued on additional sheets.

OFFICIAL CIVIL SERVICE TITLE  
*(Working title if different)*

SIGNATURE

DATE

## 15. STATEMENTS OF PROGRAM MANAGER OR DIVISION DIRECTOR

- A. I  AGREE  DISAGREE with the employee's description of job duties.
- B. I  AGREE  DISAGREE with the employee's cited percentage of time.
- C. I  AGREE  DISAGREE with the title proposed by the employee.

If you disagree with any of the above-stated factors, explain the nature of the disagreement here:

\* You must forward this form within 15 days of the employee's submission of the appeal to the supervisor, to your agency representative along with a copy of the employee's most recent performance evaluation form.

Check here if continued on additional sheets.

OFFICIAL CIVIL SERVICE TITLE  
*(Working title if different)*

SIGNATURE

DATE

## 16. STATE APPOINTING AUTHORITY REPRESENTATIVE SIGNATURE



In State service, the agency representative's signature certifies the information in accordance with 4A:3-3.9(c)1 through 3.



A copy of the employee's most recent performance evaluation and an organizational chart are attached.

OPTIONAL

I recommend that this appeal be  GRANTED  REJECTED

REASON:

Check here if continued on additional sheets.

OFFICIAL CIVIL SERVICE TITLE  
*(Working title if different)*

SIGNATURE

DATE