

Supervisor Questionnaire (MPP)

Name of Incumbent:	Job (Classification) Title:
Name of Supervisor (MPP):	Job (Classification) Title:
Department:	Division:

Instructions:

1. To provide an opportunity for supervisory input to the classification process by soliciting comments regarding the answers provided in the Position Description form by the incumbent.

2. To assist in determining the type of supervisory control exercised over the position(s) and the degree of independence with which the position's incumbent is expected to function. Since this information will be used to help determine the proper classification for the position under study, please be as clear and accurate as possible and carefully consider **all** questions asked. If additional space is needed, please attach additional sheets. Please check to be sure that the incumbent of the position has completed, dated and signed all appropriate sections of the Position Description form. After responding to all questions, please date and sign the part of the form in the **Supervisor's Certification** section and forward to the Human Resources Department.

Supervisor's Certification:

Please carefully review the Position Description form. For each question consider whether the incumbent's response is **accurate** and **complete** in your judgement. If you believe there are inaccuracies and/or omissions, or if you have any supplemental information that pertains to the duties and responsibilities of the position, please comment below. (For any comments that relate to a specific question in the Position Description form, please identify the questions by heading).

Other than indicated by your comments above, are the changes reported in the Position Description form accurate and complete in your judgement?

Yes No

How, and by whom, are work assignments selected for this position?
What is the nature of any written or oral instructions given to the incumbent when assignments are made?
What type of guidance, if any, is provided during the course of an assignment?
Identify any specific tasks/functions or responsibilities added to the position over the period covering the last 12 months?
Describe any increases in skill level, experience, or education/training, which has occurred as a result of the added responsibilities assigned to the position:
How often and for what purpose do you review the work of the incumbent?
What would be the greatest consequence of errors in this work to the university? (e.g., loss of time, money, property, or injuries likely to be suffered, etc.)

What is the possibility of such errors?
What will be the impact on the other positions in the unit/department/campus if this position is allocated at the higher level?

- Is there an equity concern involving positions in the department? Yes No
- Is there an equity concern involving positions in the campus? Yes No
- Does the incumbent supervise others? Yes No
- Is the incumbent responsible for handling disciplinary problems involving employees supervised? Yes No

If so, to what extent?

Has there been a recent departmental re-organization, re-structuring, or changes affecting the services provided by your department in general or this position in particular? Yes No

If so, please describe.

Attach a copy of your department's current organizational chart to this form.

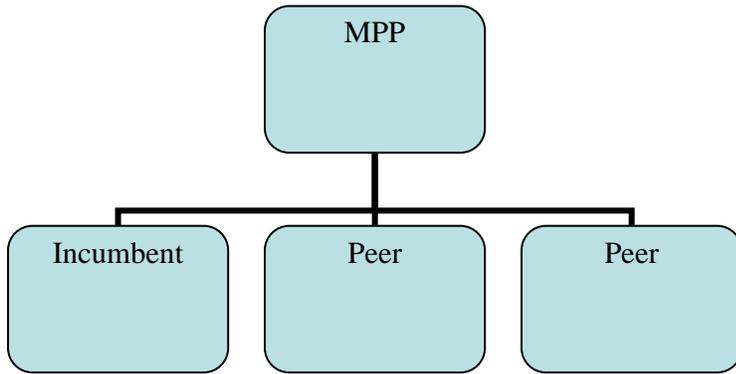


Figure 1 Sample Organizational Chart

Supervisor's Certification (MPP):

I hereby certify that to the best of my knowledge and belief, the statements made herein are accurate and complete.

Name

Signature

Date