

***Support Staff***

***Job Evaluation Questionnaire***

**Thompson Rivers University**

**And**

**CUPE Local 4879**

November 2014**JOB EVALUATION**

**REQUEST APPROVAL FORM**

**QUESTIONNAIRE INSTRUCTIONS**

Forward the completed Job Evaluation Questionnaire and revised Job Description with ‘Tracked Changes’ to the Human Resources department.

Forms can be submitted electronically to: [cupejobeval@tru.ca](mailto:cupejobeval@tru.ca) or to your appropriate HR Consultant.

**DATE REVIEW FORM RECEIVED BY HUMAN RESOURCES:**

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| ***INSTRUCTIONS***  The purpose of this questionnaire is to help you describe your job responsibilities concisely and accurately by looking at various dimensions of your work. Please keep in mind that this questionnaire has nothing to do with performance. It is designed to capture information about what you do, not how well you do it.   1. Please answer the questions as fully as you can, so that anyone reading this will be able to understand your job. Please provide answers that reflect the requirements of the job only. 2. Use simple sentences when describing job details and try to start sentences with an action verb wherever possible. (e.g. files, types, prepares, maintains, calculates, compiles, assigns, reviews, approves, etc.) 3. Where possible, please try to provide examples. Feel free to use additional sheets of paper if you need more space. 4. Consider the responsibilities of the job over the course of a year. 5. After completing and signing the questionnaire, pass it on to your supervisor who will review and also sign the questionnaire. |

***A. POSITION IDENTIFICATION***

Job Title:

Department/Area:

Length of Time in Position:

Name(s) of Incumbent(s): \_\_\_\_\_\_\_\_

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

Name of Supervisor (Non-Union): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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| **PART “A” – JOB ANALYSIS** |

**QUESTION NO. 1 - EDUCATION**

1. This factor measures the amount of theoretical knowledge, specific education and specialized training which is required as a basis for learning and performing the job. These prerequisites may be met by formal or independent education.

Check the education level **required by your employer** for your job.

|  |  |
| --- | --- |
| **EDUCATION LEVEL** |  |
| Requires Grade 10 or equivalent. |  |
| Requires Grade 10 plus additional training and/or education. |  |
| Requires Grade 12 or equivalent |  |
| Requires Grade 12 plus specialized courses under 6 months in duration, or equivalent |  |
| Requires Grade 12 plus specialized program 6 months and up to and including 1 year, or equivalent. |  |
| Requires Grade 12 plus: a post-secondary diploma over 1 year and up to and including 2 years, or formal trades apprenticeship, or equivalent. |  |
| Position requires Grade 12 plus over 2 years and up to and including 3 years of post-secondary program or equivalent. |  |
| Position requires an undergraduate university degree or equivalent. |  |
| Position requires an undergraduate university degree plus up to and including 1 year education post-graduation, leading to a certification/designation. |  |
| Position requires an undergraduate university degree plus over 1 year and up to and including 2 years education post-graduation, leading to a certification/designation. |  |
| Other – Specify: |  |

**B)** Does your job require any certification, license or formal trade apprenticeship?

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| --- |
| Please specify. |
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| SUPERVISOR’S COMMENTS ON QUESTION # 1 |
| ***Are the responses to this question:***  ***Complete***  ***Incomplete***  ***Do you agree with the responses?***  ***Yes***  ***No*** |
| **Comments:** |
|  |
| ***Supervisor’s Initials*:** |

### QUESTION NO. 2 - EXPERIENCE

This factor measures the amount of practical experience that an individual, having the appropriate theoretical knowledge, specific education and specialized training, would require to be able to perform the job duties.

Check the experience level **required by your** **employer** for your job?

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| --- | --- |
| PERIOD OF TIME | **PREVIOUS RELATED EXPERIENCE** |
| Requires up to and including 6 months of experience. |  |
| Requires over 6 months and up to and including 1 year. |  |
| Requires over 1 year and up to and including 2 years |  |
| Requires over 2 years and up to and including 3 years |  |
| Requires over 3 years and up to and including 4 years |  |
| Requires over 4 years and up to and including 5 years |  |
| Requires over 5 years and up to and including 6 years |  |
| Requires over 6 years and up to and including 7 years |  |

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| SUPERVISOR’S COMMENTS ON QUESTION # 2 |
| ***Are the responses to this question:***  ***Complete***  ***Incomplete***  ***Do you agree with the responses?***  ***Yes***  ***No*** |
| ***Comments*:** |
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| ***Supervisor’s Initials*:** |

### QUESTION NO. 3 – CONCENTRATION

1. This factor measures the period of time wherein concentration and/or visual attentiveness is required on the job. Concentration includes activities such as listening, interpreting, reading, watching, driving, inputting data, or when a combination of the five senses (sight, taste, smell, touch and hearing) are required in the course of doing the job that result in mental/sensory fatigue.

Indicate the frequency and duration of the sustained concentration required.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  | **Duration** | **Frequency** | | |
| **Give examples of concentration:** | | | Hours per day (specify:  less than 1 hr;  1 hr up to 2 hr;  Over 2 hrs) | 1 to 3 times per week | 2 to 3 times per day for at least 3 days per week. | At least 3 times a day for 4 days |
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1. Must attention be shifted frequently from one job detail to another?  Yes  No

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| If yes, please give examples: |
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| SUPERVISOR’S COMMENTS ON QUESTION # 3 |
| ***Are the responses to this question:***  ***Complete***  ***Incomplete***  ***Do you agree with the responses?***  ***Yes***  ***No*** |
| ***Comments*:** |
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| ***Supervisor’s Initials*:** |

**QUESTION NO. 4 - PHYSICAL EFFORT**

1. Measures the physical activity by the type and duration required to perform the duties.

Not taking into account exceptional circumstances, does your job require:

|  |  |  |  |
| --- | --- | --- | --- |
| **Examples of physical activities:** | Up to and including 1 hour. | Over 1 hour and up to and including 2 hours. | In excess of 2 hours. |
| Sitting, driving, walking on even surfaces, lifting weights not exceeding 5 kg.  Specify: |  |  |  |
| Standing, climbing stairs, walking on uneven surfaces, lifting weights not exceeding 10 kg.  Specify: |  |  |  |
| Stooping, kneeling, crouching, lifting weights exceeding 10 kg.  Specify: |  |  |  |

1. Describe other types of activities you perform in your job that require physical effort. Indicate the frequency and duration of the effort required:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Up to and including 1 hour. | Over 1 hour and up to and including 2 hours. | In excess of 2 hours. |
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| SUPERVISOR’S COMMENTS ON QUESTION # 4 |
| ***Are the responses to this question:***  ***Complete*** ***Incomplete***  ***Do you agree with the responses?***  ***Yes*** ***No*** |
| ***Comments:*** |
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| ***Supervisor’s Initials*:** |

**QUESTION NO. 5 - DEXTERITY**

1. This factor measures the level of dexterity required by the job. The levels of manual dexterity are determined by considering the elements of speed and coordination. Movements can be either fine or coarse.

Examples of **fine movements** are: keyboard skills, hand tools, writing, drawing, etc.

## OR

**Coarse movement** are using: long handled tools such as mops and shovels, floor polishers, hand lawn mowers, etc.

## OR

**Coarse and fine movements** which are not primary, it is a combination of the two.

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| **Please give examples of movements in your job requiring co-ordination.** |
| 1. **Coarse** |
|  |
|  |
| 1. **Fine** |
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|  |

1. Is **speed** an additional requirement for the co-ordination of your work?  Yes  No

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| If yes, explain giving examples: |
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| SUPERVISOR’S COMMENTS ON QUESTION # 5 |
| ***Are the responses to this question:***  ***Complete***  ***Incomplete***  ***Do you agree with the responses?***  ***Yes***  ***No*** |
| ***Comments*:** |
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| ***Supervisor’s Initials*:** |

**QUESTION NO. 6 - JUDGEMENT & DECISION-MAKING**

Consider the kinds of issues that arise as part of your job. How are these issues resolved? Do you have instructions, guidelines or manuals which help you to resolve issues and make decisions? Do you analyze available information in order to select the appropriate solution? Do you do further investigation and analysis of the issue to develop a solution?

1. Describe some typical issues that you generally solve on your own.

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1. How do you deal with decision-making or issue resolution?

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| --- | --- |
|  | By referring to the supervisor/manager. Provide an example: |
|  | By referring to a manual/policy book. Provide an example: |
|  | By referring to industry code. Provide an example: |
|  | By consulting legislation. Provide an example: |
|  | By choosing between two or more alternatives. Provide an example: |
|  | By using own experience/expertise. Provide an example: |

1. What guidelines, procedures and/or manuals do you refer to when resolving issues?

|  |  |
| --- | --- |
|  | Using established guidelines or methods. Provide an example: |
|  | Using some analysis/reasoning to select from a limited range of possible solutions and precedents. Provide an example: |
|  | Using considerable analysis/reasoning to select from a wide range of possible solutions and precedents. Provide an example: |
|  | By recommending new procedures or solutions. Provide an example: |
|  | By developing new procedures or solutions. Provide an example: |

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| SUPERVISOR’S COMMENTS ON QUESTION # 6 |
| ***Are the responses to this question:  Complete  Incomplete***  ***Do you agree with the responses?  Yes  No*** |
| ***Comments*:** |
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| ***Supervisor’s Initials*:** |

#### QUESTION NO. 7 – ACCOUNTABILITY

This factor measures the possibility for and effect of errors. It also recognizes the availability of supervision to detect errors promptly and the amount of dependence placed on the accuracy with which the task is performed. The impact of actions is measured in the loss of time or resources and the effect on public image. Consider the nature of the more typical errors of the job versus the more serious errors (regardless of the type or cause), at what stage errors would be detected and their effect.

1. Indicate the **one** statement which best describes the impact of decisions made in your job and provide examples below. Also include how long it would take to correct an error and who would be involved in correcting it.

|  |  |
| --- | --- |
|  | Decisions typically impact my job, but would have limited effect on other jobs. I could typically correct any errors myself. Explain: |
|  | Decisions typically impact other jobs within my own work group or department. Errors could result in minor loss of time or resources. Explain: |
|  | Decisions typically impact the ability of other departments in the organization to complete their work. Errors could result in some disruption within the organization or significant loss of time or resources. Explain**:** |
|  | Decisions typically impact the achievement of organization-wide programs or projects. Errors could result in significant embarrassment within the organization and limited impact on its public image, or result in serious loss of time or resources. Explain**:** |
|  | Decisions typically impact the achievement of organizational goals or strategic objectives. Errors could result in severe embarrassment for the organization and have serious impact on its public image, or result in major loss of time or resources. Explain: |

1. What would be the effect of typical 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 typical errors that could be committed in the carrying out of your job duties?

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| Give precise examples of typical errors and explain their impact: |
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1. How would such errors be discovered, corrected and resolved?

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| SUPERVISOR’S COMMENTS ON QUESTION # 7 |
| ***Are the responses to this question:***  ***Complete***  ***Incomplete***  ***Do you agree with the responses?***  ***Yes***  ***No*** |
| ***Comments*:** |
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| ***Supervisor’s Initials*:** |

#### QUESTION NO. 8 – COMMUNICATIONS AND CONTACTS

From the list below, identify the usual contacts you are required to make in your job. Communication skills include oral presentations, writing, listening and/or observation skills. **If** you have supervisory responsibilities, do not include the contact you may have with your staff. Please indicate the **frequency** of contact.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| #1 | **Common courtesy is required when**, discussing work with other employees, providing general information, responding to routine inquiries or in answering phone calls. | | | | | |
| #2 | **Tact and courtesy are required when**, providing specific information and instructions, gathering detailed information or assisting with the operation of equipment or completion of forms. | | | | | |
| #3 | **Discretion is required when,** dealing with difficult situations and/or clients. | | | | | |
| **Contacts** | | **choose type  # above**  **#1**  **#2**  **#3** | **Frequency** | | | |
| < 1 hour a day. | > 1 hour a day and up to 3.5 hours a day. | > 3.5 hours a day for at least 3 days per week. | > 6 hours a day for at least 4 days per week. |
| Faculty | |  |  |  |  |  |
| Students | |  |  |  |  |  |
| Heads of departments (not yours) | |  |  |  |  |  |
| Employees in your department | |  |  |  |  |  |
| Employees in another department | |  |  |  |  |  |
| Volunteers | |  |  |  |  |  |
| General public | |  |  |  |  |  |
| Clients | |  |  |  |  |  |
| Contractors/Suppliers | |  |  |  |  |  |
| Business representatives | |  |  |  |  |  |
| Representatives of Agencies | |  |  |  |  |  |
| Salespersons | |  |  |  |  |  |
| Other: Specify: | |  |  |  |  |  |
| SUPERVISOR’S COMMENTS ON QUESTION # 8 | | | | | | |
| ***Are the responses to this question:***  ***Complete***  ***Incomplete***  ***Do you agree with the responses?***  ***Yes***  ***No*** | | | | | | |
| ***Comments*:** | | | | | | |
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| ***Supervisor’s Initials*:** | | | | | | |

**QUESTION NO 9 – COORDINATION/SUPERVISION OF OTHERS**

This factor measures the extent to which an employee is required to coordinate the work of others such as students, volunteers and/or employees (full-time, part-time, casual, etc.)

Direct Supervision: May include responsibilities for employees, contributes to evaluations, assists in interview process, makes recommendations on training and development for employees in addition to assigning their work.

1. Which **one** statement best describes your responsibility for supervision &/or co-ordination of others?

|  |  |
| --- | --- |
|  | I have no responsibility for supervision or co-ordination of others |
|  | I co-ordinate the work of others, but have no responsibility for supervision |
|  | I supervise others who do essentially the same work |
|  | I supervise others who hold different positions within the same area of activity |
|  | I supervise others who hold different positions within different areas of activity |
|  | **Other – Specify:** |

1. Does your job require you to perform any of the following?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Frequency | | | **To whom?**  **(Job Title)** |
| **Rarely** | **Occasionally** | **Regularly** |
| Show another employee how to perform a task |  |  |  |  |
| Provide orientation to new employees |  |  |  |  |
| Train employees |  |  |  |  |
| Assign work to employees |  |  |  |  |
| Provide on-the-job guidance or direction |  |  |  |  |
| Check or review the work |  |  |  |  |
| Schedule and coordinate the work |  |  |  |  |
| Plan the work |  |  |  |  |
| Handle difficulties arising from the work |  |  |  |  |
| Responsible for project management leading a team (including scheduling, assigning and checking work of staff and/or contractors) |  |  |  |  |
| Direct supervisory responsibilities of staff performing similar functions and/or responsibility for contractors which may include providing scope of work, evaluating work and handling work difficulties |  |  |  |  |
| Direct supervisory responsibilities of staff performing different functions and/or responsibility for contractors in the coordination of projects, which may include monitoring budget, initiating purchase requisitions, obtaining quotes |  |  |  |  |

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| 1. How many people do you supervise? **\_\_\_\_\_\_** 2. What positions do these people hold?   **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| SUPERVISOR’S COMMENTS ON QUESTION # 9 |
| ***Are the responses to this question:***  ***Complete***  ***Incomplete***  ***Do you agree with the responses?*** ***Yes***  ***No*** |
| ***Comments*:** |
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| ***Supervisor’s Initials*:** |

#### QUESTION NO. 10 - WORKING CONDITIONS

1. This factor measures the type and frequency of undesirable conditions under which an employee is required to carry out the job duties.

For each condition which is applicable, give an example or indicate not applicable

(N/A). Check **one** frequency level.

|  |  |
| --- | --- |
| Occasional | < 1 hour a day. |
| Frequent | > 1 hour a day and up to 3.5 hours a day. |
| Regular | > 3.5 hours a day for at least 3 days per week. |
| Continuous | > 6 hours a day for at least 4 days per week. |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Element | Example or N/A | | | Occasional | | Frequent | | Regular | | Continuous | |
| Travel |  | | |  | |  | |  | |  | |
| Chemical/Cleaning substances |  | | |  | |  | |  | |  | |
| Dust/Dirt |  | | |  | |  | |  | |  | |
| Extreme temperatures |  | | |  | |  | |  | |  | |
| Poor lighting |  | | |  | |  | |  | |  | |
| Poor ventilation |  | | |  | |  | |  | |  | |
| Inclement weather |  | | |  | |  | |  | |  | |
| Noise |  | | |  | |  | |  | |  | |
| Restrictive work space |  | | |  | |  | |  | |  | |
| Infectious disease |  | | |  | |  | |  | |  | |
| Radiation |  | | |  | |  | |  | |  | |
| Moisture/Steam |  | | |  | |  | |  | |  | |
| Noxious Odour |  | | |  | |  | |  | |  | |
| Smoke/Fumes |  | | |  | |  | |  | |  | |
| Vibration |  | | |  | |  | |  | |  | |
| Body wastes and fluids |  | | |  | |  | |  | |  | |
| Grease/Oil |  | | |  | |  | |  | |  | |
| Other: Specify |  | | |  | |  | |  | |  | |
| 1. Do you work: | | | Year round | Spring | | Summer | | Fall | | Winter | |
| Always Indoors | | |  |  | |  | |  | |  | |
| Indoors More Often | | |  |  | |  | |  | |  | |
| Equally Indoors and Outdoors | | |  |  | |  | |  | |  | |
| Outdoors More Often | | |  |  | |  | |  | |  | |
| Always Outdoors | | |  |  | |  | |  | |  | |

1. What precautions or safety measures do you need to take to avoid a work injury?

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| Explain: |
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1. Are you exposed to any of the following?

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| --- | --- |
|  | Foul language/Verbal abuse. Explain and Identify Frequency |
|  | Physical abuse. Explain and Identify Frequency |
|  | Threats. Explain and Identify Frequency |
|  | Clients, patients, students, taxpayers, general public, etc. who are difficult to deal with. Explain and Identify Frequency |

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| SUPERVISOR’S COMMENTS ON QUESTION # 10 |
| ***Are the responses to this question:***  ***Complete***  ***Incomplete***  ***Do you agree with the responses?***  ***Yes*** ***No*** |
| ***Comments*:** |
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|  |
| ***Supervisor’s Initials*:** |

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| **PART “B” - JOB DESCRIPTION** |
| **PREAMBLE** |
| In order for your job description to reflect accurately the position you currently occupy, it is essential that you ***describe clearly and precisely*** any additional duties performed in your job. Do not include any duties you volunteer to do.  *(Please use an additional sheet of paper, if required.)* |

1. List the duties **that are not listed on your job description**, you regularly perform **EACH DAY**, indicating for each the number of hours.

|  |  |
| --- | --- |
| Approx.  hrs/day | DUTY |
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1. List the duties **that are not listed on your job description** you regularly perform **EACH WEEK**, indicating for each the number of hours.

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| --- | --- |
| Approx.  hrs/day | DUTY |
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1. List the duties **that are not listed on your job description** you regularly perform **EACH MONTH**, indicating for each the number of hours.

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| --- | --- |
| Approx.  hrs/day | DUTY |
|  |  |
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1. List the duties **that are not listed on your job description** you regularly perform **ONCE A YEAR** or **OCCASIONALLY** indicating for each the number of hours.

|  |  |
| --- | --- |
| Approx.  hrs/day | DUTY |
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**ORGANIZATIONAL WORK CHART**

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

In the box ***below your job,*** fill in the title of positions which directly report to you.

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

|  |
| --- |
| Title of your immediate supervisor |

|  |
| --- |
| Your job |

|  |
| --- |
| Titles of positions which report directly to you |

**EMPLOYEE’S SUMMARY**

*(Please add any additional information or comments)*

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| --- | --- |
| 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)***

**IMMEDIATE SUPERVISOR (NON-UNION)**

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| Supervisors must review and sign off this questionnaire as their understanding of the position may differ from that of the employee. ***Do not change the employee’s description of his/her position.*** Remember that the sole purpose of the questionnaire is to provide information to be used by the Joint Job Evaluation Committee to review job descriptions and rate the job. The information provided in the previous pages must not be used to evaluate the employee’s performance, and your comments must not concern performance.  ***YOUR COMMENTS MUST BE CONCERNED SOLELY WITH JOB CONTENT.***  ***(Please use an additional sheet of paper, if required.)*** |

**SUPERVISOR’S SUMMARY**

*(Please add any additional information or comments)*

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*Signature of Immediate Date Telephone #*

*Supervisor*

***Please forward the completed questionnaire to the***

***HUMAN RESOURCES DEPARTMENT***

***cupejobeval@tru.ca***