

# JOB DESCRIPTION QUESTIONNAIRE

Del Mar College

PLACE  
EMPLOYEE INFORMATION STICKER  
HERE

(PLACE STICKERS FOR MULTIPLE EMPLOYEES ON BACK OF LAST PAGE)



THE WATERS  
CONSULTING  
GROUP, INC.

## **Brief Explanation of Book**

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The purpose of this Job Description Questionnaire book is to collect information from employees regarding their jobs in a standardized format. Instructions are provided for each section and are found on the even numbered pages. Sections to be completed by employees are found on the odd numbered pages.

Following completion of this questionnaire, please forward to your supervisor. The supervisor and/or manager will review the information you provide for content and accuracy and complete Section J. You may be asked to complete the questionnaire in a group session format with several employees who perform similar duties. If at any time you have questions or require assistance to complete the questionnaire please refer to your supervisor or manager.

### **General Instructions**

**The following guidelines should be helpful in completing this questionnaire:**

1. Please PRINT as neatly as possible, or complete the form from the College's website.
2. Use only blue or black ink (or computer type).
3. Read each item carefully and answer completely.
4. Be brief but specific in accurately describing the job. Make sure you are not describing your personal qualifications or how you would like this job to be. Describe only the actual job duties and qualifications, as they currently exist.
5. We would prefer your written words; however, you may attach your current job description if you feel that it would be beneficial to the completion of this questionnaire.

## **Introduction**

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The Waters Consulting Group, Inc. (WCG) has been engaged to conduct a comprehensive compensation study for your organization. The first phase of the project involves the completion of the job description questionnaires. Refer all initial questions regarding the completion of this questionnaire to your supervisor. Further questions concerning the job description process may be addressed via email to The Waters Consulting Group, Inc. at [delmarcollegeproject@watersconsulting.com](mailto:delmarcollegeproject@watersconsulting.com) or by calling toll free at 1-866-350-1868.

The analysis of job description questionnaires is one of the critical first steps in developing and maintaining an effective compensation program.

- ↳ They provide the basis for assessing and determining the relative scope.
- ↳ They serve as a communication tool to be used in surveys comparing the salaries of positions with comparable jobs in similar organizations.

***Thank you for your input and cooperation!***

<b>Deadline:</b> <b>Please return your questionnaire to your supervisor by</b> <b>June 23, 2005.</b>
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**Job Description Questionnaire Instructions**  
**Del Mar College**

**A. Instructions - Identification / General Information**

This section is your general information including your name, job title and department. Please answer all questions as completely and accurately as possible.

<b>Employee Name:</b>	Suzie Sample
If more than one Employee participated in completing this questionnaire, put "Multiple Employees" and attach a list of all participants to this form.	
<b>Current Job Title:</b>	Administrative Assistant II
<b>Department Name:</b>	Human Resources
<b>Immediate Supervisor's Name:</b>	Joe Director
<b>Immediate Supervisor's Title:</b>	Human Resources Director

**Length of Service with Organization:** 10 Years 9 Months

**Length of Service in Current Position:** 2 Years 1 Months

**Describe your normal work schedule**

Monday - Friday 8:30 am to 5:30 pm

**B. Instructions - Brief Description of the Job**

This section is intended to capture a brief description of your job. Explain your job as if you were speaking to someone, unfamiliar with what you do, over coffee.

**The purpose of this position is to:** Use this space to summarize the general purpose of the job.

**This is accomplished by:** Briefly describe how your job's purpose is accomplished.

**Other duties include:** Then list any important duties outside of your job's general purpose.

<b>The purpose of this position is to:</b> provide administrative support to the department and department activities.
<b>This is accomplished by:</b> receiving and screening department phone calls, offering assistance to callers and department visitors,
greeting and directing callers and walk-in visitors to appropriate departments or persons for additional assistance,
typing, printing and distributing departmental correspondence, copying and faxing materials and documents,
making travel arrangements as needed, monitoring department expenditures, distributing mail,
maintaining supply inventory for department, and completing and authorizing department purchases.
<b>Other duties include:</b> coordinating special events and other projects as assigned, maintaining filing system for department,
and interacting with other employees and citizens.

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**A. Identification / General Information**

<b>Employee Name:</b>	
If more than one Employee participated in completing this questionnaire, put "Multiple Employees" and attach a list of all participants to this form.	
<b>Current Job Title:</b>	
<b>Department Name:</b>	
<b>Immediate Supervisor's Name:</b>	
<b>Immediate Supervisor's Title:</b>	

**Length of Service with Organization:**    \_\_\_ Years \_\_\_ Months    \_\_\_\_\_

**Length of Service in Current Position:**    \_\_\_ Years \_\_\_ Months

**Describe your normal work schedule**


**B. Brief Description of the Job**

<b>The purpose of this position is to:</b>
<b>This is accomplished by:</b>
<b>Other duties include:</b>

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**C. Instructions - Essential Functions**

In this section we would like to obtain more detailed information into the functions you perform. Take a moment to review the description you provided in Section B. Now complete Section C using essential functions and tasks to explain how you accomplish your duties.

**Function:** List the primary or most important functions that you perform. List only functions that require more than 5% of your time on a yearly basis.

**Percentage of Time:** Estimate the percentage of total working time per year that is taken up with that duty. These estimates should be made after all essential functions have been listed. The total percentages must equal 100%.

**Physical Strength Code:** Write ONE letter that best describes the strength demands of the essential function during a typical 8-hour workday. Use the codes listed below.

**Physical Strength Codes**

<b>S = Sedentary</b>	<b>L = Light</b>	<b>M = Medium</b>	<b>H = Heavy</b>	<b>VH = Very Heavy</b>
Exerting up to 10 lbs. occasionally or negligible weights frequently; sitting most of the time.	Exerting up to 20 lbs. occasionally, 10 lbs. frequently, or negligible amounts constantly <b>OR</b> requires walking or standing to a significant degree.	Exerting 20-50 lbs. occasionally, 10-25 lbs. frequently, or up to 10 lbs. two-thirds or more of the time.	Exerting 50-100 lbs. occasionally, 25-50 lbs. frequently, or up to 10-20 lbs. two-thirds or more of the time.	Exerting over 100 lbs. occasionally, 50-100 lbs. frequently, or up to 20-50 lbs. two-thirds or more of the time.

**Tasks performed to accomplish this function:** Use the space provided to list the tasks used to accomplish the function.

(Additional examples can be found on page 8)

<b>Function:</b> Provides administrative/clerical support	<b>Percentage of Time:</b>	35%	<b>Physical Strength Code:</b>	L
<b>Tasks performed to accomplish this function:</b>				
1. Typing Various correspondences				
2. Answering the telephone				
3. Copying and Faxing				

### C. Essential Functions

1. Function:	Percentage of Time:	%	Physical Strength Code:	
Tasks performed to accomplish this function:				
2. Function:	Percentage of Time:	%	Physical Strength Code:	
Tasks performed to accomplish this function:				
3. Function:	Percentage of Time:	%	Physical Strength Code:	
Tasks performed to accomplish this function:				

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**C. Instructions (continued)- Essential Functions**

**(For an administrative assistant type position)**

<b>1. Function:</b> Provides clerical support by	<b>Percentage of Time:</b>	35%	<b>Physical Strength Code:</b>	L
<b>Tasks performed to accomplish this function:</b>				
1. Typing various correspondences				
2. Answering the telephone				
3. Copying and faxing				
4. Ordering office supplies				
5. Maintaining the filing system				
6. Organizing or setting up meetings				
7. Providing support to committees				
8. Maintaining communications with outside agencies				

**(For a maintenance type position)**

<b>1. Function:</b> Provides computer support and maintenance by	<b>Percentage of Time:</b>	60%	<b>Physical Strength Code:</b>	L
<b>Tasks performed to accomplish this function:</b>				
1. analyzing end user hardware and software problems;				
2. troubleshooting and replacing needed parts				
3. working with vendors to resolve issues				
4. implementing, supporting and maintaining servers				
5. maintaining and analyzing the functionality of printers, scanner, keyboards and other hardware				

**(For a director type position)**

<b>1. Function:</b> Manages and oversees agency budgets by	<b>Percentage of Time:</b>	40%	<b>Physical Strength Code:</b>	S
<b>Tasks performed to accomplish this function:</b>				
1. Directing, overseeing and participating in the development and administration of the				
2. Making recommendations to the Executive Director and Executive Board				
3. Monitoring budgets and expenditures				
4. Directing managers in monitoring budgets				
5. Monitoring expenditures for federal, state and local funds				
6. Coordinating with and auditing other departments for budget reviews				
7. Ensuring reporting to funding agencies is completed on a timely and accurate basis				
8. Monitoring budget progress in terms of program achievement; making adjustments as				

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**C. Essential Functions (continued)**

<b>4. Function:</b>	<b>Percentage of Time:</b>	<b>%</b>	<b>Physical Strength Code:</b>	
<b>Tasks performed to accomplish this function:</b>				
<b>5. Function:</b>	<b>Percentage of Time:</b>	<b>%</b>	<b>Physical Strength Code:</b>	
<b>Tasks performed to accomplish this function:</b>				
<b>6. Function:</b>	<b>Percentage of Time:</b>	<b>%</b>	<b>Physical Strength Code:</b>	
<b>Tasks performed to accomplish this function:</b>				

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**D. Instructions - Physical Demands**

**Physical Demands:**

Consider the overall job and use the frequency code scale (below) to indicate how often you perform the physical demands listed. Then check all the activities listed under the Description column heading, in which you perform the physical demand.

<b>N = Never</b>	<b>R = Rarely</b>	<b>O = Occasionally</b>	<b>F = Frequently</b>	<b>C = Constantly</b>	
Never occurs	Less than 1 hour per week	Up to 1/3 of the time.	From 1/3 to 2/3 of the time	2/3 or more of the time	
<b>Physical Demand</b>	<b>Frequency Code: (Mark only one)</b>	<b>Description: (Check all that apply)</b>	<b>Physical Demand</b>	<b>Frequency Code: (Mark only one)</b>	<b>Description: (Check all that apply)</b>
Standing	<input type="checkbox"/> N <input type="checkbox"/> R <input type="checkbox"/> O <input checked="" type="checkbox"/> F <input type="checkbox"/> C	<input type="checkbox"/> Making presentations <input type="checkbox"/> Observing work site <input type="checkbox"/> Observing work duties <input checked="" type="checkbox"/> Communicating with co-workers	Pushing/ Pulling	<input type="checkbox"/> N <input type="checkbox"/> R <input checked="" type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C	<input checked="" type="checkbox"/> File drawers <input type="checkbox"/> Equipment <input checked="" type="checkbox"/> Tables and chairs <input type="checkbox"/> Hose
Fine Dexterity	<input type="checkbox"/> N <input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> F <input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> Computer keyboard <input checked="" type="checkbox"/> Telephone keypad <input type="checkbox"/> Calculator <input type="checkbox"/> Calibrating equipment	Climbing	<input type="checkbox"/> N <input checked="" type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C	<input type="checkbox"/> Stairs <input type="checkbox"/> Ladder <input checked="" type="checkbox"/> Step stool <input type="checkbox"/> Onto equipment
Walking	<input type="checkbox"/> N <input type="checkbox"/> R <input type="checkbox"/> O <input checked="" type="checkbox"/> F <input type="checkbox"/> C	<input checked="" type="checkbox"/> To other departments/offices/ office equipment <input type="checkbox"/> Around work site	Vision	<input type="checkbox"/> N <input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> F <input checked="" type="checkbox"/> C	<input checked="" type="checkbox"/> Reading <input checked="" type="checkbox"/> Computer screen <input checked="" type="checkbox"/> Driving <input type="checkbox"/> Observing work site

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**D. Physical Demands**

<b>N = Never</b>		<b>R = Rarely</b>	<b>O = Occasionally</b>	<b>F = Frequently</b>		<b>C = Constantly</b>
Never occurs		Less than 1 hour per week	Up to 1/3 of the time.	From 1/3 to 2/3 of the time		2/3 or more of the time
<b>Physical Demand</b>	<b>Frequency Code (Mark only one)</b>	<b>Description: (Check all that apply)</b>		<b>Physical Demand</b>	<b>Frequency Code (Mark only one)</b>	<b>Description: (Check all that apply)</b>
Standing	<input type="checkbox"/> N <input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C	<input type="checkbox"/> Making presentations <input type="checkbox"/> Observing work site <input type="checkbox"/> Observing work duties <input type="checkbox"/> Communicating with co-workers		Pushing/ Pulling	<input type="checkbox"/> N <input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C	<input type="checkbox"/> File drawers <input type="checkbox"/> Equipment <input type="checkbox"/> Tables and chairs <input type="checkbox"/> Hose
Fine Dexterity	<input type="checkbox"/> N <input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C	<input type="checkbox"/> Computer keyboard <input type="checkbox"/> Telephone keypad <input type="checkbox"/> Calculator <input type="checkbox"/> Calibrating equipment		Climbing	<input type="checkbox"/> N <input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C	<input type="checkbox"/> Stairs <input type="checkbox"/> Ladder <input type="checkbox"/> Step stool <input type="checkbox"/> Onto equipment
Walking	<input type="checkbox"/> N <input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C	<input type="checkbox"/> To other departments/offices/ office equipment <input type="checkbox"/> Around work site		Vision	<input type="checkbox"/> N <input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C	<input type="checkbox"/> Reading <input type="checkbox"/> Computer screen <input type="checkbox"/> Driving <input type="checkbox"/> Observing work site
Lifting	<input type="checkbox"/> N <input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C	<input type="checkbox"/> Supplies <input type="checkbox"/> Equipment <input type="checkbox"/> Files		Foot Controls	<input type="checkbox"/> N <input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C	<input type="checkbox"/> Driving <input type="checkbox"/> Operating heavy equipment <input type="checkbox"/> Dictaphone
Carrying	<input type="checkbox"/> N <input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C	<input type="checkbox"/> Supplies <input type="checkbox"/> Equipment <input type="checkbox"/> Files		Balancing	<input type="checkbox"/> N <input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C	<input type="checkbox"/> On ladder <input type="checkbox"/> On equipment <input type="checkbox"/> On step stool
Sitting	<input type="checkbox"/> N <input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C	<input type="checkbox"/> Desk work <input type="checkbox"/> Meetings <input type="checkbox"/> Driving		Bending	<input type="checkbox"/> N <input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C	<input type="checkbox"/> Filing in lower drawers <input type="checkbox"/> Retrieving items from lower shelves/ground <input type="checkbox"/> Making repairs
Reaching	<input type="checkbox"/> N <input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C	<input type="checkbox"/> For supplies <input type="checkbox"/> For files		Crouching	<input type="checkbox"/> N <input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C	<input type="checkbox"/> Retrieving items from lower shelves/ground <input type="checkbox"/> Filing in lower drawers
Handling	<input type="checkbox"/> N <input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C	<input type="checkbox"/> Paperwork <input type="checkbox"/> Monies		Hearing	<input type="checkbox"/> N <input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C	<input type="checkbox"/> Communicating via telephone/radio, to co-workers/public <input type="checkbox"/> Listening to equipment
Kneeling	<input type="checkbox"/> N <input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C	<input type="checkbox"/> Filing in lower drawers <input type="checkbox"/> Retrieving items from lower shelves/ground		Twisting	<input type="checkbox"/> N <input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C	<input type="checkbox"/> From computer to telephone <input type="checkbox"/> Getting inside vehicle
Crawling	<input type="checkbox"/> N <input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C	<input type="checkbox"/> Under equipment <input type="checkbox"/> Inside attics/pipes/ditches		Talking	<input type="checkbox"/> N <input type="checkbox"/> R <input type="checkbox"/> O <input type="checkbox"/> F <input type="checkbox"/> C	<input type="checkbox"/> Communicating via telephone/radio, to co-workers/public
Other		(Explain)				

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**D. Physical Demands (continued) - Instructions**

**Machines, Tools, Equipment and Work Aids:** List machines, tools and/or equipment that are required for this job (Not including Computer Equipment and Software).

Telephone, fax machine, calculator, copier, vehicle

**Computer Equipment and Software:** List all computer software and the degree of skill required for this job.

Personal computer, printer, scanner, related software including Microsoft Word and Excel. Format insert tables into text, sum columns of figures, create Multi-page spreadsheets that link

**Environmental Factors:** Review any conditions found on the job and note how often each is encountered.

Environmental Conditions	Never	Seasonally	Several Times Per Month	Several Times Per Week	Daily
Extreme temperature (Heat, cold, extreme temp. changes)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wetness and/or humidity (Bodily discomfort from moisture)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory hazards (Fumes, gases, chemicals, dust and dirt)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Noise and vibration (Sufficient to cause hearing loss)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Physical hazards (High voltage, dangerous machinery, aggressive prisoners or patients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Health and Safety Conditions:** Review any conditions found on the job and note how often each is encountered.

Health and Safety Conditions	N = Never	R = Rarely	O = Occasionally	F = Frequently	C = Constantly
	Never occurs	Less than 1 hour per week	1/3 or more of the time	From 1/3 to 2/3 of the time	2/3 or more of the time
Mechanical hazards	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical hazards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical hazards	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire hazards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explosives	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicable diseases	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical danger or abuse (specify)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Primary Work Location:** Please check the type of location where the primary job duties are performed.

☒ Office Environment

☐ Warehouse

☐ Shop

☐ Vehicle

☐ Outdoors (Specify) \_\_\_\_\_

☐ Other (Specify) \_\_\_\_\_

**Protective Equipment Required:** List protective equipment, if any, which is required for this job.

Safety glasses, gloves, hard hat, steel toe boots

OR

Rubber gloves, face mask

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**D. Physical Demands (continued)**

**Machines, Tools, Equipment and Work Aids:**

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**Computer Equipment and Software:**

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**Environmental Factors:**

Environmental Conditions	Never	Seasonally	Several Times Per Month	Several Times Per Week	Daily
Extreme temperature (Heat, cold, extreme temp. changes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wetness and/or humidity (Bodily discomfort from moisture)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory hazards (Fumes, gases, chemicals, dust and dirt)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Noise and vibration (Sufficient to cause hearing loss)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical hazards (High voltage, dangerous machinery, aggressive prisoners or patients)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Health and Safety Conditions:**

Health and Safety Conditions	N = Never	R = Rarely	O = Occasionally	F = Frequently	C = Constantly
	Never occurs	Less than 1 hour per week	1/3 or more of the time	From 1/3 to 2/3 of the time	2/3 or more of the time
Mechanical hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explosives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicable diseases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical danger or abuse (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Primary Work Location:**

- ☐ Office Environment  
☐ Warehouse  
☐ Shop  
☐ Vehicle  
☐ Outdoors (Specify) \_\_\_\_\_  
☐ Other (Specify) \_\_\_\_\_

**Protective Equipment Required:**

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### E. Human Collaboration Skills/Contacts

Describe the contact with individuals and/or groups inside and outside the college and the purpose of the contact, as well as the impact the contact has on organizational, departmental, or unit objectives, the output of services, or employee or customer satisfaction. Also indicate the frequency of contact.

Title of Contact	Purpose	Frequency (daily, weekly, etc.)

### F. Freedom to Act

Describe below the decisions that can be made by this position.	Describe below the decisions this position refers to a supervisor or someone else.

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**G. Level of Supervisory Responsibilities**

If this job is responsible for giving direction to other employees, please list the job titles that receive direction from this position and indicate the degree of supervisory responsibility.

Job Title	Employee Names	Employment Status
		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
		<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time

	Responsibility Level		
	Function	Authority to	Participant to
1.	Interview applicants	<input type="checkbox"/>	<input type="checkbox"/>
2.	Recommend hiring of new employees	<input type="checkbox"/>	<input type="checkbox"/>
3.	Train new employees	<input type="checkbox"/>	<input type="checkbox"/>
4.	Assign work to employees	<input type="checkbox"/>	<input type="checkbox"/>
5.	Review work of employees	<input type="checkbox"/>	<input type="checkbox"/>
6.	Plan work of employees	<input type="checkbox"/>	<input type="checkbox"/>
7.	Recommend termination of employees	<input type="checkbox"/>	<input type="checkbox"/>
8.	Conduct performance appraisals	<input type="checkbox"/>	<input type="checkbox"/>
9.	Reprimand/warn employees	<input type="checkbox"/>	<input type="checkbox"/>
10.	Develop job descriptions for positions	<input type="checkbox"/>	<input type="checkbox"/>
11.	Determine hours of work	<input type="checkbox"/>	<input type="checkbox"/>
12.	Set goals and objectives for positions	<input type="checkbox"/>	<input type="checkbox"/>
13.	Revise goals and objectives for positions	<input type="checkbox"/>	<input type="checkbox"/>
14.	Revise procedures for positions	<input type="checkbox"/>	<input type="checkbox"/>

## **H. Complexity and Technical Skills**

Describe the level of complexity and technical skills required to perform this job.

What are the most complex and challenging responsibilities that this position performs on a regular basis.

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**I. Supervisor Responses- Only Supervisors should complete the following section after the employee has turned in the questionnaire for review. Supervisors: Please complete the questionnaire on the next several pages, selecting responses that reflect the scope of duties and responsibilities of this position, not the person in the position.**

Suggested alternate titles for this position: \_\_\_\_\_

Please select the minimum qualifications for entry into the job. Select only one response by circling the number next to the applicable statement.

FORMAL EDUCATION (circle only one)	
1.	Less than high school or equivalency.
2.	High school diploma or equivalency.
3.	One year of advanced study or training past the high school diploma or equivalency
4.	Two year associate's degree, diploma, or equivalency
5.	Bachelor's degree
6.	Masters degree
7.	Doctorate degree

Based on the minimum education required for the job, identify the degree of experience required for entry into the position.

EXPERIENCE	
1.	No experience required.
2.	Under and including six months.
3.	Over six months and including one year.
4.	Over one year up to and including three years.
5.	Over three years up to and including five years.
6.	Over five years up to and including seven years.
7.	Over seven years.

**CERTIFICATION & OTHER REQUIREMENTS** – List any licenses, certifications, statutory requirements, or registrations required for this position. This does **not necessarily mean the licenses possessed by current employees, but what is required to hire or promote someone into this position**, either internally or from the outside. Use exact name of license, certification, etc.

CERTIFICATION & OTHER REQUIREMENTS	
1.	
2.	
3.	
4.	
5.	
6.	Valid Drivers License Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes, what class?
1.	What other certifications and licenses are required? (include professional licenses)

Please describe the level of accountability in financial activities within the College. Please select one level.

FISCAL RESPONSIBILITY	
1.	Position has <b>no fiscal responsibility</b> . May recommend budget allocations or expenditures.
2.	Does <b>research for budget and financial documents; and compiles data. May have delegated managerial authority</b> to manage and/or monitor expenditures and provide oversight of allocated funds for a department/budgeting unit or subdivision of a department.
3.	<b>Oversees budget preparation of a department/budgeting unit and has responsibility for managing expenditures or oversight of allocated funds.</b> Reviews and approves expenditures of significant budgeted funds for the department/budgeting unit.
4.	<b>Oversees budget preparation for multiple budgetary units of a division and has responsibility for final budgetary recommendations.</b> Assures that appropriate linkages exist between budget goals, funding limitations and services levels adopted to meet specific department and organizational goals. Monitors progress toward fiscal objectives and adjusts plans as necessary to reach them.

**Job Description Questionnaire**  
**Del Mar College**

**Please indicated the level of supervisory responsibility this position has. Your response should reflect the level typically required for this position most of the time under normal circumstances. Select only one level.**

<b>Level of Supervisory Responsibilities</b>	
1.	Position typically has <b>no responsibility</b> for the direction or supervision of others.
2.	This position typically includes work that requires the <b>occasional direction</b> of helpers, assistants, student workers, seasonal employees, interns, or temporary employees.
3.	Work requires functioning as a <b>lead worker</b> performing essentially the same work as those directed, and includes overseeing work quality, training, instructing, and scheduling work.
4.	Work requires <b>supervising and monitoring performance for a regular group of non-supervisory employees</b> including providing input on hiring/disciplinary actions and work objectives/effectiveness, performance evaluations, and realigning work as needed. A first line supervisor typically performs these functions.
5.	Work requires <b>supervising and monitoring performance for a major subdivision of a department</b> including providing input on hiring/disciplinary actions and work objectives/effectiveness, performance evaluations, and realigning work as needed. An assistant/associate director typically performs these functions.
6.	Work requires <b>managing and monitoring work performance by directing subordinate supervisors or a department</b> including providing input on hiring/disciplinary actions and work objectives/effectiveness, performance evaluations, and realigning work as needed. A head of a department or budgetary unit typically performs these functions.
7.	Work requires <b>managing and monitoring work performance of multiple budgetary units of a division</b> including evaluating program/work objectives and effectiveness, establishing broad organizational goals and realigning work and staffing assignments for the division.

## J. Signature/Approval

**After completing the Job Description Questionnaire, sign the form and return the form to your supervisor**

*To the best of my ability, I have filled out this questionnaire, and believe it to be an accurate description of my job.*

x	
Employee Signature	Date

x	
Supervisor Signature	Date
Comments:	

x	
Department Head Signature (if applicable)	Date
Comments:	

x	
Vice President Signature (if applicable)	Date
Comments:	

Date Received in Human Resources:	
Comments:	

**Job Description Questionnaire**  
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**Check to be sure:**

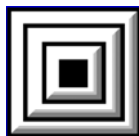
All sections are completed.

You have signed and dated Section I.

**Return your questionnaire to your supervisor by the deadline:**

**June 23, 2005**

***Thank you for your input and cooperation!***



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