SECRETARIAL/CLERICAL JOB QUESTIONNAIRE

REQUESTED POSITION TITLE______________________________________

DEPARTMENT____________________________________________________

PRESENT POSITION_______________________________________________

PREPARED BY____________________________________________________

Current Incumbent

REVIEWED BY____________________________________________________

Supervisor

DATE____________________________________________________________
Please state the work you do. Make your descriptions clear, so persons unfamiliar with your work can understand exactly what you do. (Attach additional sheets if necessary).

FIRST: LIST THE ESSENTIAL FUNCTIONS OF YOUR JOB: What aptitudes (potential to learn and accomplish a skill) are necessary? Why is the task performed? What skills are necessary? How is the function performed? What methods, tools or techniques are used? How much physical exertion/dexterity is needed? (Lifting, standing, sitting, typing, etc.).

SECOND: LIST NON-ESSENTIAL FUNCTIONS. Work that you do that is not the main part of your job.

Brief description of the essential work duties (to be completed by the employee):

Essential Functions:
1. 
2. 
3. 
4. 
5. 
6. 
7. 

Physical/Cognitive Requirements:

<table>
<thead>
<tr>
<th>Reading</th>
<th>Calculating</th>
<th>Correspondence</th>
<th>Sorting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flexibility</td>
<td>Communication</td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

Please indicate equipment/tools and aids regularly used:

<table>
<thead>
<tr>
<th>Computer</th>
<th>Adding Machine</th>
<th>Calculator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Photocopy machine</td>
<td>Telephone</td>
<td>Typewriter</td>
</tr>
<tr>
<td>Fax Machine</td>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>

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Heavy Equipment (list):______________________________
Non-Essential Functions:
1.
2.
3.
4.
5.

What is the nature and extent of the instructions you receive regarding all of your work? (particularly the essential functions):
_____ Solely responsible for seeing that functions are carried out.
_____ Perform functions with general supervision
_____ Perform functions with close supervision

What is the nature and extent of the check of your work?
_____________________________________________________________________
_____________________________________________________________________

If you supervise any employees please describe:

Comments:

_____________________________________________________________________
_____________________________________________________________________

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STATEMENT OF IMMEDIATE SUPERVISOR

Please add your comments alongside the factors listed below, indicating to what extent each of these is a requirement for effective job performance:

1. Education:

2. Length of experience:

3. Time required for on the job training:

4. Initiative and ingenuity:

5. Responsibility for decisions effecting dollars:

6. Responsibility for dependability and accuracy:

7. Analytical requirements:

8. Attention and concentration:

9. Physical effort:

10. Working conditions:

11. Cooperation and contacts:

12. Additional comments: