

POSITION QUESTIONNAIRE (EMPLOYEE)

The Position Questionnaire is used to gather details about the duties and responsibilities of your position in order to evaluate the appropriateness of job classification. After completing and signing the questionnaire, please give it to your manager or HR Partner for review and confirmation. It will then be forwarded to the Office of Compensation for final review and approval.

Name:	Employee ID:	Date:
USC Job Title:	Department Business Title:	
Supervisor Name:	Department Name:	

This is the title listed on your job description.

This is the internal job title used.

Describes the number of years of experience you have specifically within the field.

Job Related Experience in Years: <input type="checkbox"/> 0 – 1 <input type="checkbox"/> 2 – 4 <input type="checkbox"/> 5 – 7 <input type="checkbox"/> 8 – 10 <input type="checkbox"/> 11 – 14 <input type="checkbox"/> 15+
Education: Degree _____ Licensure _____ Certification _____ Other (e.g. Accreditation, Workshop, etc.) _____

Describes education and other licenses, certifications, and/or special job qualifications.

POSITION SUMMARY

Briefly describe in 2-5 sentences your responsibilities and associated duties performed on a regular basis. If relevant, mention the unit, program, or committee that you support:

Tip: Start a sentence or bullet with an action verb to describe duty.

Describes why your job exists. Use this section to define the major purpose or objective of your job.

MAJOR JOB RESPONSIBILITIES

In your own words, list assigned duties in the boxes below and indicate the percentage of time that is typically spent on each. The total percentage of time must equal 100%.

Job Responsibilities	% Time
1.	
2.	
3.	
4.	

Describes the key duties and responsibilities contained in your position.

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Job Responsibilities (continued)		% Time
5.		
6.		
7.		
8.		
Total		

I am authorized to decide who to hire and/or terminate Yes No

Indicate the number of direct reports under your supervision

Staff: _____ Non-Staff (Student or Resource Employees): _____

Defines the level of supervision performed in your current position.

***The following section is required only for employees in sales or information technology positions.**

My primary duties consist of:

Obtaining orders for sales Regularly being away from employer's location to conduct business

Check all that is a primary responsibility:

Programmer Systems Analyst Database Administrator Software Engineer

Other (specify): _____

Indicate the percentage of time that is devoted to each area below. The total percentage of time must equal 100%.

Function	Percentage
Application Design	
Operating Systems Design	
Network Design	
Other Design Work (specify):	
Activities other than software or systems design	
Total	

EMPLOYEE ACKNOWLEDGEMENT

I hereby certify that the above information is true and accurate to the best of my knowledge.

Confirms that the content is accurate.

Employee Signature

Date

POSITION QUESTIONNAIRE (SUPERVISOR)

TO BE COMPLETED BY MANAGER/SUPERVISOR ONLY

Based on your business regimen and knowledge of the role, please indicate the minimum and preferred qualifications for this position irrespective of the current job description content or employee qualifications.

Supervisors will complete this section based on their minimum & preferred job requirements for the role.

Job Related Experience in Years					
Minimum					
<input type="checkbox"/> 0 – 1	<input type="checkbox"/> 2 – 4	<input type="checkbox"/> 5 – 7	<input type="checkbox"/> 8 – 10	<input type="checkbox"/> 11 – 14	<input type="checkbox"/> 15+
Preferred					
<input type="checkbox"/> 0 – 1	<input type="checkbox"/> 2 – 4	<input type="checkbox"/> 5 – 7	<input type="checkbox"/> 8 – 10	<input type="checkbox"/> 11 – 14	<input type="checkbox"/> 15+
Education					
Minimum					
Degree			Licensure		
_____			_____		
Certification:			Other (e.g. Accreditation, Workshop, etc.)		
_____			_____		
Preferred					
Degree			Licensure		
_____			_____		
Certification			Other (e.g. Accreditation, Workshop, etc.)		
_____			_____		
Other desired knowledge, skills, abilities:					

SUPERVISOR ACKNOWLEDGEMENT

_____ Supervisor Name _____ Supervisor Signature _____ Date

For Office of Compensation Use Only

Job Code:	Job Family:	FLSA: