Shape, rectangle

Description automatically generated

**MONTGOMERY COUNTY GOVERNMENT**

**OCCUPATIONAL CLASS**

**MAINTENANCE REVIEW QUESTIONNAIRE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CLASS TITLE:** | **School Health Room Technician II** | | **GRADE** | | **16** |
| **DEPARTMENT**: |  | |  | | |
| **DIVISION**: |  | | | | |
| **SECTION**: |  | | | | |
|  | | | | | |
| **WORK LOCATION**: | |  | | | |
| **WORK TELEPHONE**: | |  | | | |
| **REGULAR NUMBER OF HOURS WORKED PER WEEK** | | | |  | |

This questionnaire is to be used for the maintenance review study of your occupational class. The information provided by employees in this class will be used to verify the accuracy of the class specification for the class and the appropriateness of the grade to which the class is assigned. **The purpose of this review is only to update the class specification and evaluate the grade assignment of the class, not to study individual positions.**

This questionnaire may be completed by an individual employee or by a group of employees in the same occupational class. It is recommended that groups of employees in the same class and performing similar work complete a single questionnaire as a group. All employees participating in the preparation of the questionnaire should sign the form.

Considerable care is required in completing the questionnaire. This information will not be used to evaluate your work performance or your qualifications.

If you do not supervise other workers, complete only Part I. If you supervise other workers, complete Parts I and II. Part III must be completed by your supervisor, and your division chief and department director should complete Part IV.

Check your answers for accuracy, completeness, and conciseness before returning the completed form to your supervisor.

**PART I**

**PLEASE READ THIS ENTIRE PAGE BEFORE PROCEEDING.**

**A. MAJOR DUTIES, RESPONSIBILITIES AND MINIMUM QUALIFICATIONS**

In this section you are asked to identify the duties that you regularly perform and the percentage of time that you spend performing each duty. You are then asked to identify your major duties and to review the minimum qualifications for the class.

**STEP 1 - REVIEW EXAMPLES OF DUTIES**

Listed on the following pages are examples of duties from the current class specification for your class. Please review them carefully. Add in the space provided any significant, additional duties you must perform which are not already listed. You may revise examples of duties listed to make them more accurate. If so, please ensure that revisions are clearly shown.

**STEP 2 - INDICATE % OF TIME OR NUMBER HOURS PER WEEK**

Indicate in the spaces provided the percentage of time or hours per week you spend on each duty listed. This is usually calculated on a **weekly basis, but if your work is cyclical, you may need to calculate on a yearly basis**. The percent of time or hours of work per week should approximate 100% of your time or the number of hours you are regularly scheduled to work (do not include overtime).

***EXAMPLE:***

|  |  |
| --- | --- |
| ***Duties*** | ***% Time or Hours per Week*** |
| ***Type memoranda, reports, and other documents*** | ***50%*** |
| ***Prepare invoices, bills, requisitions, monthly reports*** | ***45%*** |
| ***Modify office procedures/forms or recommend improvements*** | ***5%*** |

**STEP 3 - SELECT 5 OR 6 MAJOR DUTIES**

A major duty has the following characteristics:

* It is recognized as one of your principal activities or responsibilities;
* It occupies a significant amount of your work time; and
* It occurs with relative frequency in your work cycle.

Identify the major duties that you regularly perform by circling the numbers of those duties (usually the duties with the highest percentages of time). The major duties that you identify will be referred to later in this questionnaire.

**STEP 4 – Review the Minimum Qualifications**

The minimum qualifications (experience, education, equivalency, knowledge, skills, and abilities) from the current class specification for your class are listed. Review these statements and provide any comments you have about the minimum qualifications.

**EXAMPLES OF DUTIES FROM CLASS SPECIFICATION**

|  |  |
| --- | --- |
| **DUTIES**: (*Illustrative Only*) | **% Time or Hours per Week** |
| Administers standard first aid care primarily to large numbers of students with moderate to severe disabilities who present themselves to the school health room as either injured or sick (students that are less ambulatory are visited by the School Health Room Technician II to administer treatment) and returns them to the classroom after treatment, or arranges for parental or other transfer from school in more serious situations. |  |
| Provides school health room care to students in schools with significant numbers of moderate to severe physical, mental, and/or emotional disabilities that require special care and attention and/or the application of special learned procedures, such as G-tube feedings, the insertion of catheters to assist in periodic urination, caring for students experiencing seizures, and the administration and subsequent observation for side effects of prescribed medicines, as delegated by the SCHN. |  |
| Administers standard first aid care to non-disabled students and on an emergency basis to school staff. |  |
| Maintains manual and/or computerized daily logs such as containing student’s name, nature of complaint, and care provided for each health room visit, and documents more detailed information to individual student school health records. |  |
| Keeps the delegating SCHN, teachers, principal and others, as appropriate, informed of unusual health situations. |  |
| Reminds teachers of the date and time of health screenings (such as hearing and vision), pulls student’s health records, and assists nurse by setting up screening schedule (or may administer screening tests as delegated by the SCHN); notifies the SCHN of any students who fall outside the acceptable range on any screening test; documents results in student’s health files; and notifies parents of screening results. |  |
| Monitors compliance with immunization regulations in school to which assigned and, as appropriate, contacts personnel of other school districts, doctors’ offices and/or parents of new enrollees to obtain immunization records and to bring health, immunization, and emergency contact records up to date. |  |
| Administers emergency medications, such as epinephrine (by EpiPen) and glucogan (by GlucaPen). |  |
| Assists disabled students requiring assistance of daily living activities (ADL), such as toileting, by helping them move from wheelchair to toilet seat and back, urinary catheterizations, and Gastrostomy-tube (G-tube) feedings. |  |
| Orders and maintains adequate amounts of first aid supplies. |  |
| Distributes health notices and educational literature to, and discusses health care and personal hygiene with, parents and students as delegated by SCHN or SHS. |  |
| Monitors (and provides critical oversight of) students who self-test and self-administer medications, such as diabetic students requiring blood glucose testing and/or insulin administration. |  |
| Cleans and disinfects (at the operator-level) health room and health room equipment, such as beds, thermometers and catheters. |  |
| Operates and performs operator-level checks and services on medical equipment such as nebulizers, G-tubes, and oxygen tanks. |  |
| Incidentally, takes note of health hazards and potential health/injury risk areas, such as broken glass, sharp wire, broken pavement, possible allergens and poison plant growth, and notifies appropriate authority to rectify. |  |
| As pertinent to assignment, refers ill or injured students seen in the health room to the School Based Health and Wellness Center to be seen by a medical, mental health or social service provider. |  |
| Performs related duties as required. |  |

Please use the space below to add any significant, additional duties you must perform which are not already listed.

|  |
| --- |
|  |

**MINIMUM QUALIFICATIONS**:

**Experience:**

|  |
| --- |
| Two (2) years of experience working in a position that involved care of, or services to, children or adolescents. |

**Education**:

|  |
| --- |
| Graduation from high school or High School Certificate of completion recognized in the State of Maryland. |

**Equivalency**:

|  |
| --- |
| None. |

**Knowledge, Skills, and Abilities:**

|  |
| --- |
| Knowledge of nursing assistant functions, including medication administration, first aid and CPR; knowledge of SHS policies and procedures; and knowledge of MCPS policies and procedures as they are pertinent to school health room operations and services at the school of assignment, altogether to serve as a Certified Nursing Assistant (CNA) and Certified Medication Technician (CMT) and perform the full range of routine and non-routine School Health Room Technician II functions.  Skill in problem solving to select, organize and logically process relevant information (verbal, numerical or abstract) to solve a problem. Examples include organizing one’s day and acting or reacting consistent with events, which must be quickly and correctly prioritized consistent with guidelines; filing alpha-numerically; adding, subtracting, dividing and multiplying, and in some cases using decimals and fractions, to identify, verify and report counts (in supplies, reports, medications, etc.); administering prescribed medications as ordered by the student’s physician and delegated by the SCHN and notifying parents when supply is low; administering emergency medications, such as epinephrine (by EpiPen) and glucagon (by GlucaPen); assisting disabled students by performing urinary catheterizations and G-tube feedings; maintaining adequate amounts of first aid and health room supplies; distributing health notices and educational literature to, and discussing health care and personal hygiene with, parents and students as delegated by the SCHN or SHS; and reviewing immunization records and preparing and updating health files and medication records.  Skill in oral communication to understand verbal information (including instructions, descriptions and ideas), and to express such information verbally to diverse audiences so they will understand. This includes skill in questioning students about illness/injuries and giving them clear, complete and concise instructions, and speaking with parents and school personnel about school health room services provided.  Skill in written communication to understand written information (including instructions, descriptions and ideas), and to express such information in writing so that others will understand. This includes but is not limited to reading comprehension to understand the American Red Cross manuals of Standard First Aid and CPR, SHS Health Manuals, online resources, other documents and various substantive/procedural materials. Writing examples include completing student records and health room activity reports.  Interpersonal skills to interact with contacts in a businesslike, customer service-oriented manner by establishing and maintaining effective working relationships and working in harmony with supervisors and school administrators, coworkers, students and parents. One example is effectively encouraging young students in self-treatment.  Skill in using a computer and modern office software (such as MS Office) to plan, schedule and communicate (as in Outlook), do light word processing, prepare spreadsheets, etc., as well as skill in specialized software to maintain records and use various specialized databases.  Skill in finger manipulation, hand-arm manipulation, hand-arm steadiness and eye-hand coordination to use applicators and various hand-held devices in providing care, and ability to position self and exert up to fifty (50) pounds of force or more to lift and position or support children for treatment and assistance.  Ability to work as a team member (with the SCHN, MCPS staff and others) to provide excellent customer service.  Ability to safely operate and maintain, at the operator level, all school health room equipment.  Ability and willingness to wear personal protective equipment (such as gloves, a mask and a lab coat) and to follow well-established precautions (such as proper hand washing and disinfectant use, and cleaning) to minimize or mitigate health risks/hazards to self and others.  Ability and willingness to provide emergency care and to execute all authorized emergency procedures, such as CPR.  Ability and willingness to acquire/improve one’s demographic/cultural competence to better serve students of different ages and cultural/socio-economic backgrounds. |

**Required License or Certification:**

|  |
| --- |
| Within forty-five (45) days of County employment (or within one-hundred eighty (180) days for temporary employees who have successfully completed County training, or as otherwise specified by SHS)  Possession of current certifications in CPR, First Aid, Certified Nursing Assistant (CNA) (Maryland) and Certified Medication Technician (CMT) (Maryland). All certifications must be maintained.    **Note:** There will be no substitutions for this section. |

**Physical Ability:**

|  |
| --- |
| Ability to independently move objects weighing up to one hundred (100) pounds. |

Please use the space below to provide any comments you have about the Minimum Qualifications**:**

|  |
| --- |
|  |

**B. SUPERVISORY CONTROLS**

For the major duties listed above on which you spend most of your work time, select the supervisory instruction/direction described below which best describes the instruction/direction you normally receive from your supervisor to perform these duties. Indicate your choice by circling only one letter below:

a. I am given detailed instructions, or I follow a specific, controlled process to do my work. My supervisor reviews my progress or my completed work for accuracy, adequacy and adherence to established procedures.

b. I receive general instructions concerning continuing or individual assignments which indicate what work is to be done, limitations, quality and quantity expected. Once I have received instructions my work is performed independently. My work is reviewed as performed or upon completion to ensure that the results are accurate and that the correct procedures have been used.

c. I plan and perform my work with general direction from my supervisor. I independently select the appropriate methods or procedures to use. My work is reviewed when completed for adequacy and soundness, or may enter into further processes unreviewed.

1. I plan, coordinate with others, commit resources to and resolve problems in my work assignments. In most assignments, I determine the approach to take or the methodology to be used. I effectively have full control over how my work is performed. The results of my work are reviewed for meeting objectives.

e. I am solely responsible for broad programs or functions. I determine what is to be done and how the work will be performed. My work product is technically authoritative and is evaluated in terms of meeting broad program goals.

**C. GUIDELINES USED IN PERFORMING YOUR WORK**

1. List the guidelines you must use in your work and indicate how you apply these guidelines in your work. Include both those guidelines which are not committed to memory and require your referring to them, and those guidelines which you have committed to memory.

***For example: Specific laws, regulations, precedents, reference manuals, standard operating procedures manuals, handbooks, occupational standards/practices, checklists, etc.)***

|  |  |  |
| --- | --- | --- |
|  | **Guideline** | **How Used or Applied?** |
| a. |  |  |
| b. |  |  |
| c. |  |  |
| d. |  |  |
| e. |  |  |

2. Select the option below that best fits your major duties. Circle one letter only.

a. My work is performed according to specific guidelines/procedures. My supervisor approves deviations from set procedures.

b. Specific procedures and guidelines are established and available for my work; I select and apply the appropriate guidelines and refer unusual situations to my supervisor.

c. I normally have guidelines available, but they are not completely applicable to my work. I routinely encounter unusual, non-standard situations in my work and I modify, adapt or deviate from existing guides to accomplish my work. I recommend guides be changed based on my experience in my work.

d. Guidelines for my work are scarce, of limited use and/or apply only generally to my work. I routinely research and recommend new methods, procedures, policies, etc.

e. My guidelines are broad policy statements or basic legislation which require extensive interpretation. I interpret guidelines and have full latitude to develop policies, rules, and procedures to cover the work.

**D. COMPLEXITY**

This section covers the type and variety of your job tasks, how involved the tasks are, the difficulty in determining what work needs to be done, and the difficulty and originality involved in performing your work.

1. State clearly what makes your job difficult or complex.

|  |
| --- |
|  |

2. Give examples of typical, recurring problems you must solve in your work, if any, and what you must do to solve them.

|  |
| --- |
|  |

3. Give examples of decisions you are regularly required to make, if any, and the kind of analysis that you must conduct or information you must consider before you make these decisions.

|  |
| --- |
|  |

**E. SCOPE AND EFFECT**

This section covers the purpose of your work, how broad and involved the job is, and the impact your work has both inside and outside of your organization.

1. State briefly the main purpose of your work - i.e., explain why your position exists. (For example, "Purpose of work is to maintain, control, and reference files for incoming correspondence.")

|  |
| --- |
|  |

2. State briefly the impact of the duties and responsibilities you regularly perform within and outside of your work unit - i.e., who or what benefits from your work product? (For example, "A Bus Operator's work affects the safe and timely operation of a transit vehicle.")

|  |
| --- |
|  |

**F. CONTACTS**

Indicate the individual job titles (not names) and organizations of people with whom you must maintain regular and frequent contacts in order to accomplish your work. For each contact, indicate the specific purpose of the contact and the frequency of the contact. Include County employees and employees of other public or private agencies.

***For example:***

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Title (not name) of Persons/**  **Organizations Contacted** | **Purpose of Contact**  **(Reason why contact is made)** | **Indicate Daily or**  **Weekly** |
| a. | *Planner, Maryland National Capital Park & Planning Com.* | *To exchange information concerning subdivision development.* | *Weekly* |
| b. | *Division Chief, County Agency* | *To review outstanding complaints and discuss strategy for resolution.* | *Weekly* |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Title (not name) of Persons/**  **Organizations Contacted** | **Purpose of Contact**  **(Reason why contact is made)** | **Indicate Daily or**  **Weekly** |
| a. |  |  |  |
| b. |  |  |  |
| c. |  |  |  |
| d. |  |  |  |
| e. |  |  |  |

**G. PUBLIC SERVICE/ASSISTANCE**

Describe how you are required to regularly provide direct, hands-on care or one-to-one assistance to the public (clients), and identify the recipients of such assistance and the percentage of time or hours per week spent providing that assistance.

***For example:***

|  |  |  |  |
| --- | --- | --- | --- |
|  | **To Whom Service or**  **Assistance is Provided** | **Type of Service or**  **Assistance Provided** | **% Time or Hours per Week** |
| a. | Public | Assisting to find library materials | 80% |
|  | *OR* | | | |
| b. | School age children | Providing first aid care in a school health clinic | 85% |
|  | *OR* | | | |
| c. | Prisoners | Providing custody and care | 75% |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **To Whom Service or**  **Assistance is Provided** | **Type of Service or**  **Assistance Provided** | **% Time or Hours per Week** |
| a. |  |  |  |
| b. |  |  |  |
| c. |  |  |  |
| d. |  |  |  |
| e. |  |  |  |

**H. WORKING CONDITIONS**

**1. Working Environment**

Where is your work performed (e. g., office, warehouse, clinic, outdoors, etc.)?

|  |
| --- |
|  |

Indicate by circling one or more letters below which set or sets of working conditions described below best applies to your work. More than one set of conditions may be indicated. Indicate percent of time or hours per week you are exposed to each set of conditions that you circle.

|  |  |  |
| --- | --- | --- |
|  | **Describe the work you perform in these conditions**: | **% Time or**  **Hours per Week** |
| a. | Work environment involves normal, everyday discomforts, i.e., offices, meeting rooms, travel in temperature-controlled vehicles or similar comfortable environments. |  |
| b. | Work environment involves some discomfort or unpleasantness; work outside  with exposure to cold, heat, rain, humidity, noise, vibrations, dust, grease and/or  noxious odors; exposure to human/animal waste and body fluids. |  |
| c. | Work involves considerable discomfort; exposure to noxious odors, dirt, grease, human/animal waste or bodily fluids make conditions very disagreeable; work performed in an enclosed protective custody or similar institutional environment; very dirty shop conditions, work on equipment covered in grease and oil, sanitary landfill or sewage treatment plant, correctional facilities. |  |
| d. | Work involves extreme discomforts or unpleasantness; very cold, hot or dirty  conditions; fighting fires; responding to emergency situations of a serious or  life-threatening nature. |  |

**2. Hazards**

List any hazards or risks which you are exposed to in the performance of your work, and which require that safety precautions or safety equipment be used (i.e., masks, goggles, gloves, protective clothing, ear protection). Indicate the percent of time or hours per week you are exposed to each hazard or risk, and the safety precautions/equipment used.

***For example:***

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Hazard/Risk** | **Equipment/ Safety Precautions** | **% Time or Hours per Week** |
| a. | ***Operating power tools*** | ***Safety Glasses*** | ***25%*** |
| b. | ***Working at great heights*** | ***Safety Harness*** | ***15%*** |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Hazard/Risk** | **Equipment/ Safety Precautions** | **% Time or Hours per Week** |
| a. |  |  |  |
| b. |  |  |  |
| c. |  |  |  |
| d. |  |  |  |

**I. PHYSICAL DEMANDS**

Indicate the physical demands of your job by checking as many of the following items that apply.

Indicate percent of time or hours per week spent on each task checked.

|  |  |
| --- | --- |
| **Physical Demand** | **% Time or Hours per Week** |
| Typically sitting at a desk or a table |  |
| Long periods of standing |  |
| Walking over rough, uneven, rocky surfaces |  |
| Operating keyboard devices or VDT's where speed, accuracy, and volume of work are required (production-oriented) |  |
| Typically bending, crouching, or stooping in confined spaces (see “a” below) |  |
| Climbing ladders |  |
| Lifting of light objects less than 20 pounds |  |
| Lifting of objects weighing 20 to 50 pounds (see “b” below) |  |
| Lifting of objects weighing 50 to 100 pounds (see “b” below) |  |
| Lifting over 100 pounds (see “b” below) |  |
| Carrying heavy loads over uneven ground |  |
| Climbing very tall ladders, poles or ropes |  |
| Use of tools or equipment requiring a high degree of skill and dexterity (see “c” below) |  |
| Prolonged fine-finger movement (see “d” below) |  |
| Need to distinguish between shades of colors |  |
| Other (please specify): |  |

a. Please provide a description of confined spaces you typically bend, crouch or stoop in to perform your work:

|  |
| --- |
|  |

b. Please describe objects you lift that are 20-50 pounds, 50-100 pounds and/or over 100 pounds:

|  |  |
| --- | --- |
| **20 - 50 pounds:** |  |
| **50 – 100 pounds:** |  |
| **Over 100 pounds** |  |

c. What tools or equipment do you use that require a high degree of skill and dexterity?

|  |
| --- |
|  |

d. What work do you do that requires prolonged fine finger movement?

|  |
| --- |
|  |

**EMPLOYEE CERTIFICATION**

I certify that all of the above statements are complete and accurate to the best of my knowledge.

|  |  |  |
| --- | --- | --- |
| **Signature** | **Name (Print)** | **Date Signed** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**NOTE: COMPLETE PART II ONLY IF YOU REGULARLY SUPERVISE AND EVALUATE THE PERFORMANCE OF TWO OR MORE FULL-TIME WORKERS OR THE EQUIVALENT; IF NOT, GIVE THIS FORM TO YOUR SUPERVISOR TO REVIEW AND COMMENT ON YOUR RESPONSES, AND FOR COMPLETION OF PARTS III AND IV.**

**PART II**

**A. SUPERVISION EXERCISED**

Supervision is on-going and regular responsibility for the work of other regularly scheduled workers, who may be volunteers. **(Project management, where the project is a specific assignment of limited duration, and responsibility for the work of contractors, is credited under other factors.)**

1. Number Supervised

a. List the names, titles, and grades of those individuals who report directly to you. Include all regularly scheduled full-time or part-time employees, volunteers or similar categories of workers. To be credited, employees or volunteers supervised must be regularly scheduled workers. **Contract employees should not be included.**

|  |  |  |
| --- | --- | --- |
| **Name** | **Class Title** | **Grade** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

b. List the number, titles and grades of employees whom you supervise indirectly (that is, through subordinate supervisors.)

|  |  |  |
| --- | --- | --- |
| **Number of Employees** | **Class Title** | **Grade** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

2. Nature of Work Direction that **YOU** provide to others. Select one of the following statements that best describes the supervision you provide to others.

|  |  |
| --- | --- |
| a. | I pass on or give assignments or instructions to other employees or volunteers and check their work; I personally perform work similar to those I supervise. |
| b. | I assign and review work; enforce work standards; solve ordinary problems encountered in the work; enforce unit policies; participate in work but spend majority of my time supervising others. |
| c. | I develop plans to implement approved organizational work extending over one or two years; review work progress and recommend or take action to adjust work effort to meet objectives; do not participate directly in the work. |
| d. | On my own authority or in consultation with a supervisor, I decide on the work program of a department or equivalent organizational unit. |
| e. | I decide or approve all matters relating to the work program of a department or equivalent organizational unit. |

3. Personnel Authority **YOU** exercise over others. Select one of the following statements that best describes your position.

|  |  |
| --- | --- |
| a. | I provide recommendations, suggestions, information or advice to supervisors concerning hiring, performance appraisal, disciplinary action, leave, etc. |
| b. | I regularly participate in personnel decisions by formally recommending or initiating personnel actions affecting other employees, including hiring, training, performance appraisal, counseling, minor disciplinary action, etc. |
| c. | I effectively decide on personnel matters affecting employees by initiating and signing personnel actions, including serious disciplinary measures and adjustments of informal or formal complaints and grievances. |
| d. | I approve the personnel decisions of subordinate managers/supervisors for my department. |

**SUPERVISORY EMPLOYEE CERTIFICATION**

I certify that all of the above statements are complete and accurate to the best of my knowledge.

|  |  |  |
| --- | --- | --- |
| **Signature** | **Name (Print)** | **Date Signed** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# **PART III**

**IMMEDIATE SUPERVISOR'S REVIEW**

Review carefully the information provided on this questionnaire to see that it is accurate and complete. Do not complete this part unless you supervise the employee directly. If you direct this employee through a subordinate supervisor, have that supervisor complete Part III. Do not change the employee's entries or make any comments about the employee's work performance, competence, or qualifications.

A. Comment on accuracy and completeness of the employee's responses and state your additions or exceptions to the statements made by the employee. **Please review carefully Section B, Supervisory Controls, which describes the instruction/direction that the employee normally receives from you as the supervisor.**

|  |
| --- |
|  |

B. Indicate any changes that you believe should be made to the class specification for this class and the reasons for recommending such changes.

|  |
| --- |
|  |

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

|  |  |  |
| --- | --- | --- |
| **Supervisor’s Signature** | **Name (Print)** | **Date Signed** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**PART IV**

**DIVISION CHIEF/DEPARTMENT DIRECTOR REVIEW**

**Division Chief/Manager**

Comment on the accuracy and completeness of the employee's and supervisor's responses and state any additions or exceptions to the statements made by them.

|  |
| --- |
|  |

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

|  |  |  |
| --- | --- | --- |
| **Division Chief/Manager’s Signature** | **Name (Print)** | **Date Signed** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Department Director**

Comment on the accuracy and completeness of the employee's, supervisor's and Division Chief/Manager's responses, and state any additions or exceptions to the statements made by them.

|  |
| --- |
|  |

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

|  |  |  |
| --- | --- | --- |
| **Department Director’s Signature** | **Name (Print)** | **Date Signed** |
|  |  |  |