



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
DIVISION OF PERSONNEL

POSITION QUESTIONNAIRE FOR BROADBAND MANAGERS

OFFICE OF ADMINISTRATION DIVISION OF PERSONNEL STAFF USE ONLY			
TITLE/TITLE CATEGORY NO.	LONG DESCRIPTION	DATE	ACTION TAKEN
TO BE FILLED IN BY AGENCY PERSONNEL OFFICE — Items 1 - 5			
1. AGENCY NAME	AGENCY NUMBER / ORGANIZATION NUMBER / POSITION NUMBER		
2. TITLE NUMBER AND LONG DESCRIPTION			
3. LOCATION CODE AND COUNTY NAME		DIVISION / FACILITY NAME	
4. TYPE OF REVIEW <input type="checkbox"/> NEW POSITION <input type="checkbox"/> PROBATIONARY REVIEW <input type="checkbox"/> EXISTING POSITION <input type="checkbox"/> SPECIAL STUDY		5. DO YOU BELIEVE THIS POSITION IS CORRECTLY CLASSIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF NO, EXPLAIN IN ITEM #31)	
TO BE FILLED IN BY EMPLOYEE — Items 6 -19, I - VI, and 20 - 21			
6. NAME		7. SOCIAL SECURITY NUMBER	
8. WORKING TITLE		9a. HOW LONG HAVE YOU BEEN IN THIS POSITION?	9b. HOW LONG HAVE YOU WORKED FOR THIS AGENCY?
10. DO YOU BELIEVE YOUR PRESENT CLASSIFICATION IS CORRECT? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF NO, EXPLAIN IN ITEM #20)			
11. HAVE YOUR PERMANENT DUTIES CHANGED? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, EXPLAIN WHEN & HOW DUTIES HAVE CHANGED IN ITEM #20)			
12. NAME AND TITLE OF IMMEDIATE SUPERVISOR			
13. NAMES AND TITLES OF OTHERS WHO MAY ASSIGN AND EVALUATE YOUR WORK			
14. WORK SCHEDULE: INDICATE DAYS AND HOURS YOU WORK (EXPLAIN ROTATING SHIFTS, ON-CALL DUTIES OR OTHER UNUSUAL SCHEDULES)			
15. TRAVEL REQUIREMENTS: INDICATE PURPOSE AND FREQUENCY OF TRAVEL, AND WHETHER DAY OR OVERNIGHT			
16. CONTACTS (PERSONAL, TELEPHONE, CORRESPONDENCE, ETC.): IF AN IMPORTANT PART OF YOUR WORK IS CONTACT WITH OTHERS, DESCRIBE PURPOSE AND FREQUENCY (DO NOT INCLUDE CO-WORKERS)			
17. PHYSICAL EFFORT: DESCRIBE PHYSICAL EFFORT REQUIRED (EXAMPLES: LIFTING, STANDING, WALKING)			
18. EQUIPMENT / SOFTWARE OPERATED: LIST ANY SPECIALIZED EQUIPMENT YOU REGULARLY USE DURING YOUR WORK			

19. LIST THE **PRIMARY** DUTIES AND RESPONSIBILITIES OF YOUR POSITION, INCLUDING PERCENTAGE OF TIME FOR EACH AREA.

I. Program Management (size, scope, level and complexity) Component

DO YOU CURRENTLY MANAGE A SUBPROGRAM, PROGRAM, MULTIPLE PROGRAMS OR SERVICES?

- YES (If YES, complete A through E below)
- NO (If NO, go to item # **II. Decision-Making Component**)

A. List and briefly describe the program(s) or services that you manage.

B. Describe your responsibility in terms of the program(s) or service's geographical size or area served (multiple state departments, statewide, region, area, county, institution, facility, office, etc.), scope (range of responsibility in the area served) and impact (effect on the area served).

C. Identify the customers, clients or population served and describe the program(s) impact and your accountability (areas in which you are answerable for or held in account) for the impact.

D. Briefly describe your position's responsibility for a subprogram, single or multiple program or service.

E. Indicate to whom (name and working title) in the organization you are accountable.

II. Decision-Making Component

DO YOU CURRENTLY HAVE DECISION-MAKING ACCOUNTABILTY AND AUTHORITY?

- YES (If YES, complete A through E below.)
- NO (If NO, go to item # **III. Budget and Fiscal Management Component**)

A. Describe the types of decisions (daily operations, work issues, tactical or operational, program sensitive issues, strategic and precedent setting or other), that you are responsible for making. Give examples and state your primary area of decision-making.

B. Describe your decision-making authority and accountability. Does your authority and accountability fall into routine or day-to-day decisions, areas defined by rules or policy, delegated areas with limited flexibility and higher level review, flexibility within broad rules or policies, full autonomy with few if any guidelines in making decisions, or other?

C. Describe the type of thinking (balancing needs or priorities, thinking in terms of rules or procedures, intuitive, creative, visionary, etc.) and judgments required of your position. Please include examples.

D. Describe the impact or effect of your decisions and what area or areas are primarily involved.

E. What is the effect (financial, health, safety, program credibility, public perception, or other) if errors are made in your decision-making?

III. Budget and Fiscal Management Component

DO YOU CURRENTLY HAVE BUDGET OR FISCAL MANAGEMENT RESPONSIBILITY AND ACCOUNTABILITY?

- YES (If YES, complete A through F.)
- NO (If NO, go to item # **IV. Policy/Legislation Component**)

A. Describe your budget or fiscal management tasks (duties), authority and accountability.

B. What is the impact of your budget and/or fiscal management decisions and actions? Consider impact on program or services managed, internal/external stakeholders (customers, clients, population served, staff, etc.), agency's mission, goals, etc.

C. Describe your position's potential for maximization of revenue collection, cost reductions, and savings.

D. Do you have the ability and authority to shift priorities within funds and/or redirect funds? YES (If YES, please explain) NO

E. What is the annual size (total amount) of the budget under your direct control?

F. List the approximate size (amount) of the budget under your control by type of fund (general revenue, federal, grants, etc.), if applicable.

IV. Policy/Legislation Component

DO YOU CURRENTLY HAVE RESPONSIBILITY IN THE AREA OF POLICY, LEGISLATION, RULE OR REGULATION DEVELOPMENT, COORDINATION AND/OR IMPLEMENTATION?

- YES (If YES, complete A through C below.)
 NO (If NO, go to item #V. Planning Component)

A. Describe your tasks or duties (interpretation, application, implementation, development, etc.), in the area of policy, rules, regulations and procedures. Also, state the type of authority, control, and accountability you have in performing these tasks.

B. Does your position require you to be involved with legislative activities or to act as a liaison on issues with the legislature? If yes, describe your duties, role and responsibilities in the area of legislative issues and activities.

C. Describe the impact (effect) of your actions in the area of policy, rules, regulations and procedures. Consider the effect on program(s) or services managed, internal and/or external stakeholders (customers, clients, population served, staff, etc.), sensitive or critical issues, agency's missions, goals, etc.

V. Planning Component

DOES YOUR POSITION REQUIRE A PLANNING COMPONENT OR ROLE?

- YES (If YES, complete A through D below.)
 NO (If NO, go to item #VI. Supervision Component)

A. Describe the planning tasks you perform and the amount of authority, autonomy and/or flexibility you have over these tasks.

B. What guidelines, policies, processes or steps (if any) govern your planning actions.

C. Are you held accountable for the impact or effect of the plans on program(s) or services, internal and/or external stakeholders (customers, clients, population served, staff, etc.), agency's missions or goals, etc.? If yes, please explain.

D. Briefly describe the primary focus of your plans (work issues, staffing, tactical operations, implementation of goals or objectives, programs, services, agency strategic plans, etc.) and the typical length of the plans (daily operations, weekly, monthly, one year, one to two years, one to three years, two to four years, or longer).

VI. Supervision Component

DO YOU CURRENTLY SUPERVISE EMPLOYEES?

- YES (If YES, complete A through C below.)
 NO (If NO, go to item #20.)

A. List the occupational area(s) or types of jobs that you supervise.

B. Identify the type of supervision provided (programmatic, direct, administrative, etc.)

C. Total number of employees: (Do not count seasonal, volunteers or contractors.) Attach a current organizational chart.

_____ Directly Supervised _____ Indirectly Supervised _____ Other, please specify _____

20. ADDITIONAL INFORMATION AND COMMENTS. (ADDITIONAL SHEETS MAY BE ATTACHED, IF NECESSARY.)

ITEM NO.

EMPLOYEE'S SIGNATURE

DATE

21.



ITEMS TO BE FILLED IN BY SUPERVISOR #22-30

22. DO YOU BELIEVE THIS POSITION IS CORRECTLY CLASSIFIED? YES NO (If NO, please explain)

23. ARE THE STATEMENTS OF THE EMPLOYEE ACCURATE AND COMPLETE? (Indicate inaccuracies and incomplete items.)

24. IDENTIFY THE ESSENTIAL DUTIES AND RESPONSIBILITIES OF THIS POSITION.

25. SUMMARIZE THE JOB SKILLS AND ABILITIES NECESSARY TO PERFORM THE PRIMARY DUTIES OF THIS POSITION.

26. DESCRIBE SPECIALIZED TRAINING PROVIDED BY EMPLOYER FOR EMPLOYEE IN THIS POSITION.

27. LIST REQUIRED LICENSES, REGISTRATIONS OR CERTIFICATIONS.

28. SUPERVISION PROVIDED TO THIS POSITION:

CLOSE GENERAL ADMINISTRATIVE OR POLICY DIRECTION

29. ADDITIONAL INFORMATION AND COMMENTS. (ADDITIONAL SHEETS MAY BE ATTACHED, IF NECESSARY.)

ITEM NO.

SUPERVISOR'S SIGNATURE

DATE

30.



ITEMS TO BE FILLED IN BY APPOINTING AUTHORITY OR DESIGNEE #31-32

31. ADDITIONAL INFORMATION AND COMMENTS. (ADDITIONAL SHEETS MAY BE ATTACHED, IF NECESSARY.)

ITEM NO.

APPOINTING AUTHORITY'S OR DESIGNEE'S SIGNATURE

DATE

32.

