



POSITION AUDIT EXPLANATION AND QUESTIONNAIRE FORM

PINELLAS COUNTY SCHOOLS

POSITION AUDIT - CRITERIA EXPLANATION

A position audit is not a request for an "up-grade." It is a study of the relationship of a particular position to other positions in the Pinellas County School District and, where applicable, a comparison to equivalent positions in other organizations. A position audit can result in a recommendation to:

- Leave the position in its current pay level/grade and classification.
- Change the position to a higher pay level/grade and/or classification.
- Change the position to a lower pay level/grade and/or classification.
- Any one of the above, with a new or revised position title and/or job description.

A position audit is not designed to evaluate individual employees in areas such as performance and volume of work, or departmental staffing needs. An audit usually begins with the completion of a Position Audit Questionnaire. The position audit is a study of various factors which are directly related to the questionnaire. The factors studied are the same for each group of similar positions. These factors include, but are not limited to, education/skills required, experience, complexity, consequence of error, degree of responsibility, contacts with others, working conditions, supervision of others, reporting relationships, level of responsibility, decision making responsibility, organizational awareness, inside/outside contact with others, overall impact on the District's resources, risk/safety factors, physical/sensory demands, innovation/creativity required, and type of supervision. The use of these factors is determined by the type of position audited. Other important criteria that may be used, where appropriate, are salary surveys. Surveys may be local, state and/or national in scope and may vary in the types of companies and organizations surveyed.

Once initial recommendations are developed, management and Compensation Administration meet on the recommendations. Recommendations are then reviewed for concurrence by the Superintendent's Cabinet/union (where applicable) and submitted for approval to the School Board. Once Cabinet/union concurrence has been obtained, but prior to School Board action, it is management's responsibility to inform the affected employee(s) of the recommendations.

I have read and understand the above information.

Employee's Signature

Date

Job Title

Department/School

INSTRUCTIONS FOR COMPLETION OF POSITION AUDIT QUESTIONNAIRE

The following guidelines are to assist you in completing the attached questionnaire. It is suggested you read the entire instructions before starting your questionnaire.

INSTRUCTIONS

1. The questionnaire must be completed by the incumbent of the position (or the immediate supervisor if vacant.)
2. The questionnaire responses are to be typed or hand-written in a legible manner.
3. Read each statement carefully before starting.
4. After completion, the Position Audit Questionnaire is to be signed by the incumbent. It is then to be reviewed and initialed by the immediate supervisor and approved by the Department Head/Principal, Department Chief, and Cabinet Member before returning to Compensation Administration.

POSITION AUDIT QUESTIONNAIRE

NAME OF INCUMBENT _____

POSITION TITLE _____ DATE PREPARED _____

SCHOOL/DEPARTMENT _____ DIVISION _____

NAME OF IMMEDIATE SUPERVISOR _____

CLASSIFICATION OF IMMEDIATE SUPERVISOR _____

A. Briefly state the general function of this job:

B. Duties and Responsibilities:

List the duties and responsibilities of this position. Begin with those you consider to be the most important and work down to those you feel are of lesser importance. After each duty or responsibility, indicate approximate percentage of your time which is spent performing it. (Attach additional pages if needed.)

	Duty or Responsibility	Approximate % of Time
1.	_____	_____
	_____	_____
2.	_____	_____
	_____	_____
3.	_____	_____
	_____	_____
4.	_____	_____
	_____	_____
5.	_____	_____
	_____	_____

POSITION AUDIT QUESTIONNAIRE

B. Duties and Responsibilities: (cont.)

	Duty or Responsibility	Approximate % of Time
6.		
7.		
8.		
9.		
10.		

C. Education and Skills:

What are the minimum requirements for education and/or demonstrated skills necessary to perform the duties of this position? Any special licensure or certification required? **Do not consider the education, or skills of the incumbent when preparing this section.**

D. Experience:

What is the minimal experience required for entry into this position?

POSITION AUDIT QUESTIONNAIRE

E. Complexity of Analysis:

What type of analysis is typically required of your job? This is a measurement of the degree (minimal, some, considerable or continual analysis) and time to which you must gather and interpret data to arrive at solutions to difficult and/or complex problems.

F. Consequence of Error:

What is the opportunity for making errors, the degree to which your work is checked, and the probable effects of errors on the District in your daily job? Consider only typical errors and resulting losses within your control which may be in terms of time, money, life, property, prestige, employee morale, etc.

G. Decision-Making Responsibility:

Provide examples of decisions you normally make on your own in this position and to what extent they would affect school system programs, procedures, or policies, if applicable.

H. Organizational Awareness:

The requirements of your job to understand and learn the power relationship within the District. This includes the ability to identify who are the real decision-makers and the individuals who can influence them; and to predict how new events or situations will affect individuals and groups within the organization. Does your job require a basic or other degree of understanding of the practice, policies and procedures related to the District's formal and informal structure or hierarchy? Does your job require determining a course of action and/or suggesting new or improved methods/procedures?

POSITION AUDIT QUESTIONNAIRE

I. Contact with Others, Internal & External:

Identification of whom you typically interact with in your job. Who are your contacts? List the reason for the contact.

Position Contacted

Reason for Contact

J. Overall Impact:

What impact does your job have on the entire District's resources and services both internally and externally through your actions or decisions? Consider your specific management, administrative, and professional responsibilities.

K. Risk/Safety Factors:

The level of risk to physical health and safety routinely required by this job (minimal, moderate, considerable or extensive). Risk to personal physical health and safety is characterized as activities with exposure to environmentally hazardous/toxic materials, assault and battery, communicable disease, etc. List degree of risk with a short explanation.

L. Physical/Sensory Demands:

The physical and/or sensory demands normally required by your job. Physical exertion is characterized by activities such as sitting or standing in one position, without choice or variety. Sensory exertion is characterized by activities such as viewing of a computer screen and/or using hands or fingers in activities requiring fine coordination or dexterity (e.g., data entry). List the degree of physical/sensory demands with a short explanation.

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M. Innovation Required:

The degree to which innovation and creativity is regularly required by your job. Is it a requirement of your job to recommend new solutions to problems, develop new ideas or concepts or changes in methods, procedures or services? Explain.

N. Type of Supervision:

The degree of supervision of other employees you exercise as part of your regular job. If applicable, list the position titles and duties of any employees this position supervises:

How many employees does this employee supervise? Directly _____ Indirectly _____

Management or professional _____ Clerical _____

Craft skilled, maintenance _____ Other _____

Briefly describe the extent to which your duties are supervised and to what extent you have direct accountability for final results:

O. Other:

Describe any other factors about this job which should be considered in this audit, i.e., has the job changed and, if so, how?

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Signatures:

Employee:

The foregoing represents an accurate description of my position.

(Signature)

(Date)

**Principal/
Department Head:**

___ **I agree.** The above description accurately represents the duties and responsibilities assigned to this position.

___ **I disagree.** To accurately describe the duties and responsibilities assigned to this position, the following statements require these additions and/or deletions: (attach extra pages if needed)

(Signature)

(Date)

**Department
Chief:**

___ **I agree.** The above description accurately represents the duties and responsibilities assigned to this position.

___ **I disagree.** To accurately describe the duties and responsibilities assigned to this position, the following statements require these additions and/or deletions: (attach extra pages if needed)

(Signature)

(Date)

**Cabinet
Member:**

___ **I agree.** The above description accurately represents the duties and responsibilities assigned to this position.

___ **I disagree.** To accurately describe the duties and responsibilities assigned to this position, the following statements require these additions and/or deletions: (attach extra pages if needed)

(Signature)

(Date)