

**DALLAS COUNTY COMMUNITY COLLEGES  
JOB DESCRIPTION QUESTIONNAIRE**

**Part I: To be completed by employee.**

*Instructions*

*The purpose of this form is to document a review of your duties and responsibilities in your current position. If you are requesting the adoption of a new position, please do not use this form. See your location HR representative or the Compensation Guidelines for additional information.*

**1. Identification**

**Name:** \_\_\_\_\_ **Employee ID#:** \_\_\_\_\_

**Current Position Title:** \_\_\_\_\_

**Employment Status:** \_\_\_\_\_ **Full-Time** \_\_\_\_\_ **Limited Full-Time**

**Employee Type:**

**Administrator**     **Technical/Professional**     **Regular PSS**     **Facilities Services**

**Cost Center:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Name of Immediate Supervisor:** \_\_\_\_\_

**Title of Immediate Supervisor:** \_\_\_\_\_

**Name of Second Level Supervisor:** \_\_\_\_\_

**Title of Second Level Supervisor:** \_\_\_\_\_

**Your Office Telephone Number:** \_\_\_\_\_

**2. Review of current job description and requirements**

**This review is requested:**

- as a part of regularly scheduled job evaluation cycle
- as a part of the ad hoc job evaluation cycle
- as a result of reorganization

**PLEASE NOTE: Request for a new position requires a different questionnaire--contact your location HR office.**

**The most current copy of your generic job description should be used as a guide for**

answering these questions:

a. Does the current job description summary accurately reflect your position?

Yes  No (If no, please explain in space provided below.)

b. Does the current job description accurately reflect your major duties and responsibilities?

Yes  No (If no, please identify any additions, deletions or revisions below or mark them on the job description copy and attach to this form.)

c. Does the current job description accurately reflect the education and experience minimally required to perform your job?

Yes  No (If no, please identify any additions, deletions or revisions below or mark them on the job description copy and attach to this form.)

### 3. Supervisory Responsibilities

If you supervise other employees, please list below the number of full-time and part-time employees that you supervise directly. Student Assistants may be included.

Job Title	Employee Type Full-Time/Part-Time/Limited Full-Time	Number of Employees

### 4. Budget Responsibilities

Budget responsibility is defined as those funds which you estimate the budgeted amount and sign off on the use of those same funds. If you have budget responsibilities, what is the total dollar value (annual terms) of your budget?

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List applicable budget numbers: \_\_\_\_\_

I believe the information I have provided on this questionnaire is a true description of the job which I perform.

Signature of Employee	Date

Thank you for your assistance. Please send the completed, signed copy of the questionnaire to your supervisor for comments and signature.

**PART II: To be completed by immediate supervisor.**

This section should be completed by the immediate supervisor of the employee who completed the attached questionnaire. Please do not change any of the information on the employee's portion of the questionnaire.

1. Note here any exceptions to the employee's responses. If you have none, please write "None".

2. Note here any additions to the employee's responses. If you have none, please write "None".

Except for the items which I have indicated, I agree with the employee response to the questionnaire supplied by the employee and the revisions/corrections of the attached position description as an accurate description of the job to be performed.

Signature of Immediate Supervisor	Title	Date

Please forward the completed questionnaire to your next level supervisor.

**PART III: To be completed by second level supervisor.**

This section should be completed by the second level supervisor of the employee who completed the attached questionnaire. Please do not change any of the information on the employee's or the immediate supervisor's portion of the questionnaire.

1. List any exceptions to the employee's or the immediate supervisor's responses. If you have none, please write "None".

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2. Note here any additions to the employee's or the immediate supervisor's responses. If you have none, please write "None".

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Except for the items which I have indicated, I agree with the employee and supervisor responses to the questionnaire supplied by the employee and the revisions/corrections of the attached position description as an accurate description of the job to be performed.

Signature of Second Level Supervisor	Title	Date

Please forward the completed questionnaire to the President's Office if college-based position or appropriate Vice Chancellor if District Office position.

Approved for continued consideration by District Human Resources:

Cabinet Member Signature	Title	Date

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