

Step 3 – Process for Approved Requests:

1. The Human Resources Department will be notified to process the change of status if the classification or reclassification is approved by the Board of County Commissioners. If the position is a reclassification the old position description and placement will be replaced with the new position description and placement.
2. The affected Elected Official or Department Head and employee(s) shall be notified of the Board of County Commissioner's decision.
4. The incumbent employee(s) in the existing classification, if qualified, will be placed directly into the new classification. If not qualified, the incumbent(s) will be allowed one (1) year to become qualified.
5. If the new classification has a higher pay grade, the employee will be paid at the nearest step in the new grade which provides a minimum increase of 2.5%. Reclassified employees will receive a new step date commencing at the date of reclassification.
6. If the new classification has a lower pay grade, the employee will be paid at the step of the new grade at or nearest to their current salary. In the event the current salary is the same as the new rate the employees step date will remain the same, if the nearest step is higher the employee will receive a new step date commencing at the date of reclassification.

Hiring Authorization No.: _____
Position No.: _____
Pay Grade No.: _____

Date: _____

**FRANKLIN COUNTY
POSITION ANALYSIS QUESTIONNAIRE – ATTACHMENT A**

1. Job Title: _____

2. Department: _____

3. Work Hours: Total Annual _____ Start Time: _____ End Time: _____

4. Describe the major purpose or objective of this job. Why does this job exist? _____

5. What skills and knowledge are needed in order to perform this job? (What specific skills or knowledge are required?)

6. Is there any education or training (initial or ongoing) required to perform this job? Why?

7. What type of previous work experience is necessary to perform this job? Why? (What prior work accomplishments are required for this job?)

8. List any certificates or licenses are required in order to perform this job.

9. What employee/positions do you directly supervise?

a. Position: _____ % of Time Spent _____

b. Position: _____ % of Time Spent _____

c. Position: _____ % of Time Spent _____

d. Position: _____ % of Time Spent _____

e. Position: _____ % of Time Spent _____

f. Position: _____ % of Time Spent _____

Do you have authority to hire or fire? Yes No

Authorize vacation? Yes No

Authorize leave of absence? Yes No

Issue warnings? Yes No

10. Describe the extent to which this job requires the use or preparation of confidential information. Indicate the type of information, the reason for discretion and the effect of disclosure.

11. Describe the duties and responsibilities of this position that are regular and on-going. Indicate what is done, how it is done and why it is done. Estimate the annual number of hours, weeks or months you spend on each duty. Start with the most time consuming activity.

a. _____

Is this duty an essential element of the job?* Yes No

Is this a seasonal duty? Yes No

Annual Time Spend (hours, weeks, months) Circle One

b. _____

Is this duty an essential element of the job?* Yes No

Is this a seasonal duty? Yes No

Annual Time Spend (hours, weeks, months) Circle One

c. _____

Is this duty an essential element of the job?* Yes No

Is this a seasonal duty? Yes No

Annual Time Spend (hours, weeks, months) Circle One

d. _____

Is this duty an essential element of the job?* Yes No
Is this a seasonal duty? Yes No
Annual Time Spend (hours, weeks, months) Circle One

e. _____

Is this duty an essential element of the job?* Yes No
Is this a seasonal duty? Yes No
Annual Time Spend (hours, weeks, months) Circle One

f. _____

Is this duty an essential element of the job?* Yes No
Is this a seasonal duty? Yes No
Annual Time Spend (hours, weeks, months) Circle One

12. Describe one or two of the most complex problems faced in performing this job.

13. What kind of errors are possible on this job? And, if an error is made, what effect will it have on this job or the job of others?

14. Identify your immediate Supervisor:

Name: _____ Position: _____

*An essential element is a job function that must be accomplished or the mission of the job cannot be accomplished. For example: typing is an essential for a job that requires all materials to be typed, but typing is not essential if hand-written work is acceptable. A drivers license is not essential if the basic job can be accomplished without one.

15. Describe the nature and extent of supervision or guidance received from the supervisor (be specific). To whom do you give your work after you have completed it?

16. Is supervision received from anyone other than the immediate supervisor? Yes No (If yes, complete 16.a & 16.b)

a. Name _____ Position: _____

b. Describe the nature and extent of supervision or guidance received (be specific).

17. Other than your supervisor, do you obtain authority or approval from others? Describe.

18. Describe the amount of freedom of choice allowed in performing this job.

19. Describe the communication skills required to properly perform this job. Consider cooperation, courtesy, patience, persuasion, tact, trust, understanding, etc. How are the skills used on the job?

20. List the work related contacts that this job requires you to make with others within and outside the department. Indicate the type and amount of public contact required.

a. Purpose of contact: _____

With Whom: _____

Method: In Person Memo Letter Phone (Put X in all used)

b. Purpose of contact: _____

With Whom: _____

Method: In Person Memo Letter Phone (Put X in all used)

c. Purpose of contact: _____

With Whom: _____

Method: In Person Memo Letter Phone (Put X in all used)

21. Describe the work environment of this job. Consider such elements as facilities, noise, interruptions, temperature, travel, personal safety, etc.

22. List any equipment, tools, vehicles, and/or machines used to perform this job.

23. Describe the amount of fortitude, stamina, tenacity, and minimum mental or cognitive abilities required to do the job and list one or two brief samples.. Examples are mental activities such as comprehension, attention span, alertness, reading ability, mathematical ability, etc.

24. Is this job involved in emergency response? If yes, describe the mental affects of the emergency conditions.

25. Physical Demands:

- a. How much on-the-job time is spent in the following physical activities?
 Show the amount of time by checking the appropriate boxes below.

Amount of Time

	None	Up to 1/3	1/3 to 2/3	2/3 & More	How Far?
Stand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Talk or Hear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Use hands to finger, handle or feel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Climb or balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stoop, kneel, crouch, or crawl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reach with hands and arms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Taste or smell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- b. Does this job require that weight be lifted or force be exerted? If so, how much and how often? Check the appropriate boxes below.

Amount of Time

	None	Up to 1/3	1/3 to 2/3	2/3 & More
Up to 10 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Up to 25 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Up to 50 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Up to 100 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than 100 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does this weight have to be carried?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes How Far?	

- c. Does this job have any special vision requirements? Check all that apply.

- Close Vision (clear vision at 20 inches or less).
- Distance Vision (clear vision at 20 feet or more).
- Color Vision (ability to identify and distinguish colors).

- Peripheral Vision (ability to observe an area that can be seen up & down or to the left & right while eyes are fixed on a given point).
- Depth Perception (three-dimensional vision, ability to judge distances and spatial relationships).
- Ability to Adjust Focus (ability to adjust the eye to bring an object into sharp focus).
- Ability to Read Small Print (8pt or less).
- Night Vision required.
- No Special Vision Requirements.

d. Make notes on the specific job duties that require the physical demands selected above. Describe the overall normal physical effort required to do this job. (Lifting, bending, climbing, etc.)

26. List any other comments relating to this job duties and responsibilities.

YOUR NAME: _____ DATE: _____

YOUR TITLE: _____

YOUR WORK PHONE: _____

FRANKLIN COUNTY
POSITION ANALYSIS QUESTIONNAIRE – ATTACHMENT B
(Reclassification Request)

CURRENT P.A.Q.

PROPOSED NEW P.A.Q.

1. Job Title

Current:	Proposed New:
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2. Department: _____

3. Work Hours:

Total Annual	Start Time:	End Time:	Total Annual	Start Time:	End Time:
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4. Describe the major purpose or objective of this job. Why does this job exist?

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5. What **skills** and **knowledge** are needed in order to perform this job (what specific skills or knowledge are required):

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6. Is there any **education** or **training** (initial or ongoing) required to perform this job? Why:

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7. What type of previous **work** experience is necessary to perform this job? Why? (What prior work accomplishments are required for this job?)

--	--

8. List any certificates or licenses that are required in order to perform this job.

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9. What employee/positions does this job directly supervise?

<p>a. Position: _____ % of Time Spent</p> <p>b. Position: _____ % of Time Spent</p> <p>c. Position: _____ % of Time Spent</p> <p>d. Position: _____ % of Time Spent</p>	<p>a. Position: _____ % of Time Spent</p> <p>b. Position: _____ % of Time Spent</p> <p>c. Position: _____ % of Time Spent</p> <p>d. Position: _____ % of Time Spent</p>
<p>Authority to hire or fire? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Authorize vacation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Authorize leave of absence? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Issue Warnings? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Authority to hire or fire? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Authorize vacation? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Authorize leave of absence? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Issue Warnings? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

10. Describe the extent to which this job requires the use or preparation of confidential information. Indicate the type of information, the reason for discretion and the effect of disclosure.

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11. Describe the duties and responsibilities of this position that are regular and on-going. Indicate what is done, how it is done and why it is done. Estimate the annual number of hours, weeks or months you spend on each duty. Start with the most time consuming activity.

<p>a.</p> <p>Is this duty an essential element of the job? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is this seasonal duty? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Annual Time Spent (hours, weeks, months) Circle One</p>	<p>a.</p> <p>Is this duty an essential element of the job? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Is this seasonal duty? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Annual Time Spent (hours, weeks, months) Circle One</p>
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<p>b.</p> <p>Is this duty an essential element of the job? <input type="checkbox"/>Yes<input type="checkbox"/>No</p> <p>Is this seasonal duty? <input type="checkbox"/>Yes<input type="checkbox"/>No</p> <p>Annual Time Spent (hours, weeks, months) Circle One</p>	<p>b.</p> <p>Is this duty an essential element of the job? <input type="checkbox"/>Yes<input type="checkbox"/>No</p> <p>Is this seasonal duty? <input type="checkbox"/>Yes<input type="checkbox"/>No</p> <p>Annual Time Spent (hours, weeks, months) Circle One</p>
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12. Describe one or two of the most complex problems faced in performing this job.

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13. What kind of errors are possible on this job? And, if an error is made, what effect will it have on this job or the job of others?

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14. Identify the immediate supervisor

<p>Name:</p> <p>Position:</p>	<p>Name:</p> <p>Position:</p>
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15. Describe the nature and extent of supervision or guidance received from the supervisor (be specific).

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16. Is supervision received from anyone other than the immediate supervisor? Yes No (If yes, complete 16a & 16B)

<p>a. Name:</p> <p>Position:</p>	<p>a. Name:</p> <p>Position:</p>
<p>b. Describe the nature and extent of supervision or guidance received (be specific).</p>	<p>b. Describe the nature and extent of supervision or guidance received (be specific).</p>

17. Other than the supervisor, does the job obtain authority or approval from others? Describe.

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18. Describe the amount of freedom of choice allowed in performing the job.

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20. List the work related contacts that the job requires you to make with others within and outside the department. Indicate the type and amount of public contract required.

<p>a. Purpose of contact:</p> <p>With Whom:</p> <p>Method: <input type="checkbox"/> In Person <input type="checkbox"/> Memo <input type="checkbox"/> Letter <input type="checkbox"/> Phone (Put X in all used)</p>	<p>a. Purpose of contact:</p> <p>With Whom:</p> <p>Method: <input type="checkbox"/> In Person <input type="checkbox"/> Memo <input type="checkbox"/> Letter <input type="checkbox"/> Phone (Put X in all used)</p>
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<p>b. Purpose of contact:</p> <p>With Whom:</p> <p>Method: <input type="checkbox"/> In Person <input type="checkbox"/> Memo <input type="checkbox"/> Letter <input type="checkbox"/> Phone (Put X in all used)</p>	<p>b. Purpose of contact:</p> <p>With Whom:</p> <p>Method: <input type="checkbox"/> In Person <input type="checkbox"/> Memo <input type="checkbox"/> Letter <input type="checkbox"/> Phone (Put X in all used)</p>
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<p>c. Purpose of contact:</p> <p>With Whom:</p> <p>Method: <input type="checkbox"/> In Person <input type="checkbox"/> Memo <input type="checkbox"/> Letter <input type="checkbox"/> Phone (Put X in all used)</p>	<p>c. Purpose of contact:</p> <p>With Whom:</p> <p>Method: <input type="checkbox"/> In Person <input type="checkbox"/> Memo <input type="checkbox"/> Letter <input type="checkbox"/> Phone (Put X in all used)</p>
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21. Describe the work environment of the job. Consider such elements as facilities, noise, interruptions, temperature, travel, personal safety, etc.

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22. List any equipment, tools, vehicles, and/or machines used to perform the job.

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23. Describe the amount of fortitude, stamina, tenacity, and minimum mental or cognitive abilities required to do the job and list one or two brief samples. Examples are mental activities such as comprehension, attention span, alertness, reading ability, mathematical ability, etc.

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24. Is this job involved in emergency response? If yes, describe the mental affects of the emergency conditions.

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25. Physical Demands:

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Check the appropriate boxes below.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th colspan="6" style="text-align: center;"><u>Amount of Time</u></th> </tr> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">None</th> <th style="width: 15%;">Up to 1/3</th> <th style="width: 15%;">1/3 to 2/3</th> <th style="width: 15%;">2/3 & More</th> <th style="width: 15%;">How Far</th> </tr> </thead> <tbody> <tr><td>Up to 10 lbs.</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Up to 25 lbs.</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Up to 50 lbs.</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Up to 10 pounds</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>100 lbs or more</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td colspan="6">Does this weight have to be carried? <input type="checkbox"/> Yes <input type="checkbox"/> No</td></tr> <tr><td colspan="6">If yes, how far?</td></tr> </tbody> </table>	<u>Amount of Time</u>							None	Up to 1/3	1/3 to 2/3	2/3 & More	How Far	Stand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Talk or hear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Climb or balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stoop or kneel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Crouch or crawl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reach with hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reach with arms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Taste or smell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Amount of Time</u>							None	Up to 1/3	1/3 to 2/3	2/3 & More	How Far	Up to 10 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Up to 25 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Up to 50 lbs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Up to 10 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	100 lbs or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does this weight have to be carried? <input type="checkbox"/> Yes <input type="checkbox"/> No						If yes, how far?					
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<p>c. Does this job have any special <u>vision</u> requirements? Check all that apply.</p> <p><input type="checkbox"/> Close Vision (clear vision at 20 inches or less).</p> <p><input type="checkbox"/> Distance Vision (clear vision at 20 feet or more).</p> <p><input type="checkbox"/> Color Vision (ability to identify and distinguish colors).</p> <p><input type="checkbox"/> Peripheral Vision (ability to observe an area that can be seen up & down or to the left & right while eyes are fixed on a given point).</p> <p><input type="checkbox"/> Depth Perception (three-dimensional vision, ability to judge distance and spatial relationships).</p> <p><input type="checkbox"/> Ability to Adjust focus (ability to adjust the eye to bring an object into sharp focus).</p> <p><input type="checkbox"/> Ability to Read Small Print (8pt or less).</p> <p><input type="checkbox"/> Night Vision Required.</p> <p><input type="checkbox"/> No Special Vision Requirements.</p>	<p>c. Does this job have any special <u>vision</u> requirements? Check all that apply.</p> <p><input type="checkbox"/> Close Vision (clear vision at 20 inches or less).</p> <p><input type="checkbox"/> Distance Vision (clear vision at 20 feet or more).</p> <p><input type="checkbox"/> Color Vision (ability to identify and distinguish colors).</p> <p><input type="checkbox"/> Peripheral Vision (ability to observe an area that can be seen up & down or to the left & right while eyes are fixed on a given point).</p> <p><input type="checkbox"/> Depth Perception (three-dimensional vision, ability to judge distance and spatial relationships).</p> <p><input type="checkbox"/> Ability to Adjust focus (ability to adjust the eye to bring an object into sharp focus).</p> <p><input type="checkbox"/> Ability to Read Small Print (8pt or less).</p> <p><input type="checkbox"/> Night Vision Required.</p> <p><input type="checkbox"/> No Special Vision Requirements.</p>
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<p>d. Make notes on the specific job duties that require the physical demands selected above. Describe the overall normal physical effort required to do the job. (Lifting, bending, climbing, etc.)</p>	<p>d. Make notes on the specific job duties that require the physical demands selected above. Describe the overall normal physical effort required to do the job. (Lifting, bending, climbing, etc.)</p>
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26. List any other comment relating to the job duties and responsibilities:

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YOUR NAME: _____ **DATE:** _____

YOUR TITLE: _____

Thank you for completing this questionnaire