

Return to Human Resources No Later Than: _____

**ADMINISTRATIVE/PROFESSIONAL INSTRUCTIONAL QUESTIONNAIRE
VERIFICATION FORM TO BE COMPLETED BY SUPERVISOR**

Date	Position Title	Department
Acct. No.	Pos. No.	Supervisor's Title

The factors listed below within the position questionnaire are important for assessing the level of the position being analyzed. Therefore, Supervisors are asked to carefully review and verify the information provided by the employee on Form PP-16, Admin/Prof Instructional Questionnaire. This verification form is intended to amend or change any comments as deemed necessary by Supervisor. Information on the Employee questionnaire should not be altered. Do not repeat any statements already made by employee.

Each level of supervision should indicate that statements in each section have been reviewed and whether or not they are acceptable. Be sure to sign and date this form. Upon completion both the Questionnaire and Verification forms will be forwarded to the Wage and Salary Analyst in the Personnel and Payroll Office.

- I. Complexity of Duties
- II. Supervision Received
- III. Responsibility
- IV. Confidentiality
- V. Comments
- VI. Signatures

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I. Complexity of Duties:

- a. Describe three typical decisions/recommendations made by you in execution of the duties described in question II.

1.	<input type="checkbox"/>	ACCEPTABLE	
	<input type="checkbox"/>	NOT ACCEPTABLE	
2.	<input type="checkbox"/>	ACCEPTABLE	
	<input type="checkbox"/>	NOT ACCEPTABLE	
3.	<input type="checkbox"/>	ACCEPTABLE	
	<input type="checkbox"/>	NOT ACCEPTABLE	

- b. To what extent do you rely on established practice or precedent or standard policies and procedures in arriving at these decisions?

<input type="checkbox"/>	ACCEPTABLE	
<input type="checkbox"/>	NOT ACCEPTABLE	

- II. Supervision Received: This section deals with the degree to which the immediate supervisor outlines the methods to be followed or results to be attained, reviews progress or handles exceptional cases. Describe what is the nature and extent of review of your work by your supervisor? How and by whom would error be detected?

<input type="checkbox"/>	ACCEPTABLE	
<input type="checkbox"/>	NOT ACCEPTABLE	

- III. Responsibility: Consider the level of responsibility associated with the position in terms of influencing others and directing financial matters.

- a. How many and what category employees do you supervise directly? Indirectly?

<input type="checkbox"/>	ACCEPTABLE	
<input type="checkbox"/>	NOT ACCEPTABLE	

- b. To what extent do you review and check their work?

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	ACCEPTABLE	
	NOT ACCEPTABLE	

c. What contact or conferences do you participate in? How often? Is your role major or minor?

	ACCEPTABLE	
	NOT ACCEPTABLE	

d. What would be the probably impact on the institution of typical error from someone in your position? If possible, quantify your answer in dollar value and describe.

	ACCEPTABLE	
	NOT ACCEPTABLE	

IV. Confidentiality: This section considers the integrity and discretion required in safeguarding sensitive data obtained in the performance of the regular duties of the position. Describe three (3) types of confidential data handled by you on regular basis in performing your job.

1.		ACCEPTABLE	
		NOT ACCEPTABLE	
2.		ACCEPTABLE	
		NOT ACCEPTABLE	
3.		ACCEPTABLE	
		NOT ACCEPTABLE	

V. Comments: Provide any comments about the position that would further clarify its role within the organization.

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- VI. Signatures: This document must be reviewed and signed by all appropriate individuals as designated.

Supervisor's Signature

Academic or Administrative Officer

Director or Chairperson

Administrative Officer Reporting to the President