



VENTURA COUNTY COMMUNITY COLLEGE DISTRICT
HUMAN RESOURCES DEPARTMENT

Position Information Questionnaire

General Information

Name: _____

Classification Title: _____

Name of College/Working Department: _____

Work Telephone Number: _____ Extension: _____

Employment History

Length of Time in Present Position: _____ Years _____ Months

Immediate Supervisor: _____ Title: _____

General Supervisor: _____ Title: _____

Have you held any other position(s) with VCCCD? No Yes

If yes, please indicate your previous positions below.

Past Classification Title: _____ Length of Service: _____

Past Classification Title: _____ Length of Service: _____

Have you ever requested that your position be studied? No Yes

If yes, please mark a) or b) below.

a) I was reclassified to (classification title): _____

Date of Reclassification: _____

b) My request was reviewed, but not approved for reclassification

Reason for Requesting the Study

Requested by: Job incumbent (Employee) Supervisor Both

Basis for request:





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Basic Function

What basic function does your position serve in assisting your college or department fulfill its purpose-what is the major reason or purpose for your work?

Level of Supervision Received

Please check the option that best describes the level of work direction and supervision given to you by your immediate supervisor.

Daily work direction is given, assignments performed with frequent supervision.

Weekly or monthly specific work directives are given, long term assignments receive moderate supervision.

Follow standardized procedures with little immediate supervision in normal routine or broad work assignments, procedures not standardized; usually with little guidance or checking; rarely refer to supervisor except as to matters of policy.

Organize own work, assign, and check work, rarely refer specific problems to supervisor. Under administrative direction, set up own standards of performance. Virtually self-supervision.

Level of Supervision Exercised

If this position involves leadership, supervisory, or managerial responsibilities over other staff, check below the responsibilities assigned to the position on an on-going basis. If this is not a supervisory position, please move on to the next section.

Selection and Hiring Decisions

Performance Evaluations

Evaluate daily product

Employee leave/Vacation requests

Staff Work Timesheets

Work quality/quantity standards

Plan and assign work to staff

Review work product of staff

Assignment Transfers

Disciplinary Actions





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Major Job Duties

What are the major job duties? Please describe the major parts of what you do on your job. List only the major functions, separately, and in order of importance. Provide a description of each of those duties. Indicate the approximate percentage of total working time you spend on each major work activity and the frequency such as daily (D), weekly (W), monthly (M), or annually (Y). Please indicate which duties are not currently part of your job description and the length of time you have been performing each of those duties.

| # | Duty Statement | % of Time & Frequency (D/W/M/Y) | Outside of Current Job Description? Yes/No | How long have you been responsible for performing this duty? |
|--|----------------|---------------------------------|--|--|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| *Please attach additional documentation if warranted | | | | |





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Knowledge, Skills, Abilities and Job-Related Competencies

Please list the knowledge, skills, abilities, and personal characteristics required to perform the duties assigned to your position.

Knowledge: (the degree to which an employee has mastered a technical body of material directly related to the performance of this job.)

Skills: (the capacity to perform tasks that generally require the use of tools, equipment, and machinery.)

Abilities: (the capacity to carry out physical and mental acts required by a job's tasks where the involvement of tools, equipment, and machinery is not a dominant factor.)

Certification

I have read and certify that the position information provided, including attachments, is accurate and complete.

Incumbent Signature

Date

Immediate Supervisor Signature

Date

Department Administrator Signature

Date

Note: Signatures verify the date of a formal request. Vacant positions do not require incumbent signature. Should a dispute arise between employee and supervisor over the information provided by the employee, please include an attachment briefly listing disputed points. ***BE SURE TO INCLUDE AN ORGANIZATION CHART WHEN SUBMITTING THIS FORM.

