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|  | | | STATE OF MISSOURI  OFFICE OF ADMINISTRATION  DIVISION OF PERSONNEL POSITION QUESTIONNAIRE FOR BROAD BAND MANAGERS | | | | | | | | | | | | | | | | | | |
| **OFFICE OF ADMINISTRATION DIVISION OF PERSONNEL STAFF USE ONLY** | | | | | | | | | | | | | | | | | | | | | |
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| **TO BE FILLED IN BY AGENCY PERSONNEL OFFICE — Items 1 - 5** | | | | | | | | | | | | | | | | | | | | | |
| 1. AGENCY NAME | | | | | | | | AGENCY NUMBER / ORGANIZATION NUMBER / POSITION NUMBER | | | | | | | | | | | | | |
| 2. TITLE NUMBER AND LONG DESCRIPTION | | | | | | | | | | | | | | | | | | | | | |
| 3. LOCATION CODE AND COUNTY NAME | | | | | | | | DIVISION / FACILITY NAME | | | | | | | | UNIT/AREA OF RESPONSIBILITY | | | | | |
| 4. TYPE OF REVIEW | | | | | | | | | | | 5. DO YOU BELIEVE THIS POSITION IS CORRECTLY CLASSIFIED? | | | | | | | | | | |
| NEW  POSITION | | | | PROBATIONARY  REVIEW | | EXISTING  POSITION | | | | SPECIAL  STUDY | YES  NO (**IF NO, EXPLAIN IN ITEM #31a.**) | | | | | | | | | | |
| **TO BE FILLED IN BY EMPLOYEE — Items 6 -19, I - VI, and 20 - 21** | | | | | | | | | | | | | | | | | | | | | |
| 6. NAME | | | | | | | | | | | 7. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER | | | | | | | | | | |
| 8. WORKING TITLE | | | | | | | | | | | 9a. HOW LONG HAVE YOU BEEN IN | | | | | | 9b. HOW LONG HAVE YOU WORKED | | | | |
| THIS POSITION? | | |  | | | FOR THIS AGENCY? | | |  | |
| 10. DO YOU BELIEVE YOUR PRESENT CLASSIFICATION IS CORRECT?  YES  NO (**IF NO, EXPLAIN WHAT THE APPROPRIATE CLASSIFICATION SHOULD BE AND WHY IN ITEM #20.**) | | | | | | | | | | | | | | | | | | | | | |
| 11a. HAVE YOUR **PERMANENT** DUTIES CHANGED?  YES  NO | | | | | | | | | 11b. IF YES, WHEN DID YOUR PERMANENT DUTIES CHANGE? **(EXPLAIN HOW DUTIES HAVE CHANGED IN ITEM #20.)** | | | | | | | | | | | | |
| 12. NAME AND TITLE OF IMMEDIATE SUPERVISOR | | | | | | | | | | | | | | | | | | | | | |
| 13. NAMES AND TITLES OF OTHERS WHO MAY ASSIGN AND EVALUATE YOUR WORK | | | | | | | | | | | | | | | | | | | | | |
| 14. WORK SCHEDULE: INDICATE DAYS AND HOURS YOU WORK (EXPLAIN ROTATING SHIFTS, ON-CALL DUTIES OR OTHER UNUSUAL SCHEDULES) | | | | | | | | | | | | | | | | | | | | | |
| 1. TRAVEL REQUIREMENTS: INDICATE PURPOSE AND FREQUENCY OF TRAVEL, AND WHETHER DAY OR OVERNIGHT | | | | | | | | | | | | | | | | | | | | | |
| 1. CONTACTS (PERSONAL, TELEPHONE, CORRESPONDENCE, ETC.): IF AN IMPORTANT PART OF YOUR WORK IS CONTACT WITH OTHERS,   DESCRIBE PURPOSE AND FREQUENCY (DO NOT INCLUDE CO-WORKERS) | | | | | | | | | | | | | | | | | | | | | |
| 1. PHYSICAL EFFORT: DESCRIBE PHYSICAL EFFORT REQUIRED (EXAMPLES: LIFTING, STANDING, WALKING) | | | | | | | | | | | | | | | | | | | | | |
| 1. EQUIPMENT / SOFTWARE OPERATED: LIST ANY SPECIALIZED EQUIPMENT/SOFTWARE YOU REGULARLY USE IN THE PERFORMANCE OF DUTIES | | | | | | | | | | | | | | | | | | | | | |
| 19a. SUMMARIZE THE OVERALL PURPOSE AND ROLE OF THIS POSITION IN THE ORGANIZATION (DIVISION, UNIT, ETC.). | | | | | | | | | | | | | | | | | | | | | |
| 19b. IN YOUR OWN WORDS LIST THE **ESSENTIAL** DUTIES AND RESPONSIBILITIES OF THE POSITION, INCLUDING PERCENTAGE OF TIME FOR EACH AREA.  LIST YOUR MOST IMPORTANT DUTIES FIRST. | | | | | | | | | | | | | | | | | | | | | |
| I. Program Size, Scope, Level and Complexity | | | | | | | | | | | | | | | | | | | | | |
| **Do you currently manage a subprogram, program, OR multiple programs?**  YES (If YES, complete A through E below)  NO (**Program Management** is **required** for Broad Band Manager positions.) | | | | | | | | | | | | | | | | | | | | | |
| List and briefly describe the program(s) and program services that you manage. | | | | | | | | | | | | | | | | | | | | | |
| * Describe your responsibility in terms of the program’s or programs’ geographical size or area served (multiple state departments,   statewide, region, area, county, institution, facility, office, etc.), scope (range of responsibility in the area served) and direct, indirect, and/or contributory impact (effect on the area served). | | | | | | | | | | | | | | | | | | | | | |
| * Identify the customers, clients, or population served and describe the program’s or programs’ impact and your accountability (areas in which you are answerable or held in account) for the impact. | | | | | | | | | | | | | | | | | | | | | |
| * Briefly describe your responsibility for a subprogram, single program, or multiple programs, and related services. | | | | | | | | | | | | | | | | | | | | | |
| * Indicate to whom (name/s and class title/s) in the organization you are accountable. | | | | | | | | | | | | | | | | | | | | | |
| II. Decision Making | | | | | | | | | | | | | | | | | | | | | |
| **DO YOU CURRENTLY HAVE DECISION MAKING ACCOUNTABILITY AND AUTHORITY?**  YES (If YES, complete A through E below.)  NO (**Decision Making** is **required** for Broad Band Manager positions.) | | | | | | | | | | | | | | | | | | | | | |
| * Describe the types of decisions (daily operations, work issues, program sensitive issues, strategic and precedent setting, or   others) that you are responsible for making. Give examples and state your primary area of decision-making. | | | | | | | | | | | | | | | | | | | | | |
| * Describe your decision-making authority and accountability. Does your authority and accountability fall into routine or day-to-day decisions, areas   defined by rules or policy, delegated areas with limited flexibility and higher level review, flexibility within broad rules or policies, full autonomy with few if any guidelines in making decisions, or other? | | | | | | | | | | | | | | | | | | | | | |
| * Describe the type of thinking (balancing needs or priorities, thinking in terms of rules or procedures, intuitive, creative, visionary, etc.) and judgments   required of your position. Please include examples. | | | | | | | | | | | | | | | | | | | | | |
| Considering the examples provided, do you make these decisions routinely or sporadically? Please describe. | | | | | | | | | | | | | | | | | | | | | |
| Do you make final decisions, provide recommendations, or assist with decision-making? What is your role? Please include examples. | | | | | | | | | | | | | | | | | | | | | |
| * Describe the impact or effect of your decisions and what area or areas are primarily involved. (Duration, critical nature, influence, etc.) | | | | | | | | | | | | | | | | | | | | | |
| * What is the effect (financial, health, safety, program credibility, public perception, or other) if errors are made in your decision-making? | | | | | | | | | | | | | | | | | | | | | |
| III. Budget and Fiscal Management | | | | | | | | | | | | | | | | | | | | | |
| **DO YOU CURRENTLY HAVE BUDGET OR FISCAL MANAGEMENT RESPONSIBILITY AND ACCOUNTABILITY?**  YES (If YES, complete A through F.)  NO (If NO, go to item #**IV. Policy, Legislation, Regulation and Procedure)** | | | | | | | | | | | | | | | | | | | | | |
| * Describe your budget or fiscal management tasks (duties), authority, and accountability. | | | | | | | | | | | | | | | | | | | | | |
| * What is the impact of your budget and/or fiscal management decisions and actions? Consider impact on program or services managed, internal/external   stakeholders (customers, clients, population served, staff, etc.), agency’s mission, goals, etc. | | | | | | | | | | | | | | | | | | | | | |
| * Describe your position’s potential for maximization of revenue collection, cost reductions, and savings. | | | | | | | | | | | | | | | | | | | | | |
| * Do you have the ability and authority to shift priorities within funds and/or redirect funds?  YES  NO   If you indicated “YES,” please describe the fund types, amounts, and authority level for shifting/redirecting funds. | | | | | | | | | | | | | | | | | | | | | |
| * What is the annual size (total amount) of the budget and/or revenue/receivables under your direct control? | | | | | | | | | | | | | | | | | | | | | |
| * + Does another member of management or other authority have control over the same budget claimed?  YES  NO   If you indicated “YES,” please explain. | | | | | | | | | | | | | | | | | | | | | |
| * + Do you have a role in budget development?  YES  NO   If you indicated “YES,” please describe budget types/areas, budget amounts, and your level of participation in the budget development process. | | | | | | | | | | | | | | | | | | | | | |
| * + What funds and amounts can you obligate and/or apply at your discretion? | | | | | | | | | | | | | | | | | | | | | |
| * + If you have subordinate staff, do they have budget authority?  YES  NO   If you indicated “YES,” please explain. | | | | | | | | | | | | | | | | | | | | | |
| IV. Policy, Legislation, Regulation and Procedure | | | | | | | | | | | | | | | | | | | | | |
| **DO YOU CURRENTLY HAVE RESPONSIBILITY IN THE AREA OF POLICY, LEGISLATION, RULE OR REGULATION DEVELOPMENT, COORDINATION AND/OR IMPLEMENTATION?**  YES (If YES, complete A through C below.)  NO (If NO, go to item #**V. Planning**) | | | | | | | | | | | | | | | | | | | | | |
| * Describe your tasks or duties (interpretation, application, implementation, development, etc.), in the area of policy, rules, regulations and procedures.   Also, state the type of authority, control, and accountability you have in performing these tasks. | | | | | | | | | | | | | | | | | | | | | |
| * Does your position require you to be involved with legislative activities or to act as a liaison on issues with the legislature? If yes, describe your duties,   role and responsibilities in the area of legislative issues and activities. | | | | | | | | | | | | | | | | | | | | | |
| * + Do you prepare fiscal notes?  YES  NO   If you indicated “YES,” please describe your role or level of participation in the process. | | | | | | | | | | | | | | | | | | | | | |
| * Describe the effect of your actions in the area of policy, rules, regulations and procedures. | | | | | | | | | | | | | | | | | | | | | |
| * + Describe the stakeholders affected by your actions and level of impact. | | | | | | | | | | | | | | | | | | | | | |
| V. Planning | | | | | | | | | | | | | | | | | | | | | |
| **DOES YOUR POSITION REQUIRE A PLANNING COMPONENT OR ROLE?**  YES (If YES, complete A through D below.)  NO (If NO, go to item #**VI. Supervision**) | | | | | | | | | | | | | | | | | | | | | |
| * Describe the planning tasks you perform and the amount of authority, autonomy and/or flexibility you have over these tasks. | | | | | | | | | | | | | | | | | | | | | |
| * What guidelines, policies, processes or steps (if any) govern your planning actions? | | | | | | | | | | | | | | | | | | | | | |
| * Are you held accountable for the impact or effect of the plans on program(s) or services, internal and/or external stakeholders (customers, clients,   population served, staff, etc.), agency’s missions or goals, etc.? If yes, please explain. | | | | | | | | | | | | | | | | | | | | | |
| * Briefly describe the primary focus of your plans (work issues, staffing, operations, implementation of goals or objectives, programs, services,   agency strategic plans, etc.). | | | | | | | | | | | | | | | | | | | | | |
| * + Describe the typical length involved in your primary planning actions (daily operations, weekly, monthly, up to one year, one to two years, two to four years, etc.). | | | | | | | | | | | | | | | | | | | | | |
| VI. Supervision | | | | | | | | | | | | | | | | | | | | | |
| **DO YOU CURRENTLY SUPERVISE EMPLOYEES?**  YES (If YES, complete A through C below.)  NO (If NO, go to item #20.) | | | | | | | | | | | | | | | | | | | | | |
| * List the occupational area(s) and titles/types of jobs that you supervise. | | | | | | | | | | | | | | | | | | | | | |
| * Identify the type of supervision provided (programmatic, direct, administrative, etc.) | | | | | | | | | | | | | | | | | | | | | |
| * Total number of employees: (Do not count seasonal, volunteers or contractors.) Attach current organizational chart(s). | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | Directly Supervised |  |  | | Indirectly Supervised | | |  |  | | Other, please specify | | |  | | |  |
|  |  | | | |  |  |  | |  | | |  |  | |  | | |  | | |  |
| 20. ADDITIONAL INFORMATION AND COMMENTS. (ADDITIONAL SHEETS MAY BE ATTACHED, IF NECESSARY.) | | | | | | | | | | | | | | | | | | | | | |
| *ITEM NO.* | |  | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | |
| **EMPLOYEE’S SIGNATURE** | | | | | | | | | | | | | | | | | | | DATE | | |
| 21. I ATTEST THAT THIS DOCUMENT ACCURATELY REFLECTS THE DUTIES AND RESPONSIBILITIES ASSIGNED TO MY POSITION. | | | | | | | | | | | | | | | | | | |
| **ITEMS TO BE FILLED IN BY SUPERVISOR #22-30** | | | | | | | | | | | | | | | | | | | | | |
| 22. DO YOU BELIEVE THIS POSITION IS CORRECTLY CLASSIFIED?  YES  NO Please explain. | | | | | | | | | | | | | | | | | | | | | |
| 23. ARE THE STATEMENTS OF THE EMPLOYEE ACCURATE AND COMPLETE? (Indicate inaccuracies and incomplete items.) | | | | | | | | | | | | | | | | | | | | | |
| 24. IDENTIFY THE ESSENTIAL DUTIES, RESPONSIBILITIES, AND DECISION MAKING AUTHORITY OF THIS POSITION. | | | | | | | | | | | | | | | | | | | | | |
| 25. SUMMARIZE THE JOB SKILLS AND ABILITIES NECESSARY TO PERFORM THE ESSENTIAL DUTIES OF THIS POSITION. | | | | | | | | | | | | | | | | | | | | | |
| 26. DESCRIBE SPECIALIZED TRAINING NEEDED BY INCUMBENT OF POSITION. | | | | | | | | | | | | | | | | | | | | | |
| 27a. LIST REQUIRED LICENSES, REGISTRATIONS OR CERTIFICATIONS. | | | | | | | | | | | 27b. LIST DESIRED LICENSES, REGISTRATIONS OR CERTIFICATIONS. | | | | | | | | | | |
| 28. SUPERVISION PROVIDED TO THIS POSITION:  CLOSE  GENERAL  ADMINISTRATIVE OR POLICY DIRECTION | | | | | | | | | | | | | | | | | | | | | |
| 29. ADDITIONAL INFORMATION AND COMMENTS. (ADDITIONAL SHEETS MAY BE ATTACHED, IF NECESSARY.) | | | | | | | | | | | | | | | | | | | | | |
| *ITEM NO.* | |  | | | | | | | | | | | | | | | | | | | |
| **SUPERVISOR’S SIGNATURE** | | | | | | | | | | | | | | | | | | | DATE | | |
| 30. | | | | | | | | | | | | | | | | | | |
| **ITEMS TO BE FILLED IN BY APPOINTING AUTHORITY OR DESIGNEE #31-32** | | | | | | | | | | | | | | | | | | | | | |
| 31a. PLEASE EXPLAIN WHY YOU BELIEVE THIS POSITION **IS** OR **IS NOT** CORRECTLY CLASSIFIED. | | | | | | | | | | | | | | | | | | | | | |
| 31b. ADDITIONAL INFORMATION AND COMMENTS. (ADDITIONAL SHEETS MAY BE ATTACHED, IF NECESSARY.) | | | | | | | | | | | | | | | | | | | | | |
| *ITEM NO.* | |  | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | |
| **APPOINTING AUTHORITY’S OR DESIGNEE’S SIGNATURE** | | | | | | | | | | | | | | | | | | | DATE | | |
| 32. | | | | | | | | | | | | | | | | | | |