

C/C Survey Questionnaire - Electronic

Purpose

The *C/C Survey Questionnaire - Electronic* is used to secure additional information as required to fully analyze a position and its appropriate place in the city's classification structure.

Usage

A *C/C Survey Questionnaire – Electronic* is completed whenever a request is submitted to the Employment Services Division of Human Resources to review a position for possible changes.

Attributes

The *C/C Survey Questionnaire - Electronic* is a ten page electronic form. Each section is to be completed as instructed in the document. To access this form, go to the HR web site, or type <http://cityweb/humanresources>, select DOCUMENTS/ FORMS/C/C Survey Questionnaire – Electronic [FORM9004].

Completion and Filing

The employee is to read all questions carefully and answer completely. Follow the additional instructional guidelines contained in each section of the form. The supervisor is to review the form and comment. The completed original form is forwarded to the Employee Services Specialist (at Employee Services) -- within ten (10) business days of the requesting employee receiving the form -- who reviews and forwards it to the Employment Services Division. A copy of the form should be kept by the employee and the supervisor.

(The form is an electronic document that uses list of values in some of the tables. For a complete listing of the values used, please refer to Attachment B.)

Distribution

Employee Services Specialist (at Employment Services)

Employee Services Specialist (at Employee Services)

Office Assistant (at Employment Services)

Employee

Supervisor

Labor Association Representative

Ownership

The General Manager (at Employment Services) is responsible for ensuring that this document is necessary and that it reflects actual practice. Questions concerning this form should be directed to the person listed above.

Classification and Compensation Survey Questionnaire - Electronic

Name OPEN Payroll Title Legal Assistant or TBD

Your Working Title (if other than Payroll Title) _____

How long have you held your present payroll title? 0 your present working title? 0

Department Board of Police Commissioners Division _____

Unit _____ Office address 1301 3rd Ave; Detroit, MI 48226
(including building & room #)

Telephone No. _____ Working hours (from) _____ (to) _____

DUTIES

Please list the major duties performed by this position in the following table. List each duty on a new line. In *Duty Description* describe what is done and how it is done. Include the average amount of time spent each week performing the duty. In *Duty Changes* indicate if this duty has changed and how it has changed. If the change is that a new duty is described in column 2, indicate "NEW". Add additional rows if necessary.

#	Duty Description	Duty Changes	% of time
1	Conduct research at the direction of the Attorney for legal opinions		
2	Track the status of subpoenas and request for evidence		
3	Conduct research and compile documentation at the direction of the Attorney for DPD and BOPC policies, DPD applicant appeals, Citizen Complaint appeals, DPD and BOPC disciplines and promotions, City Charter, State Law, contractual agreements, and Michigan Open Meetings Act		
4	Work cooperatively with City of Detroit Law Department		
5	Provide other administrative support as directed		

6	Other duties as assigned		
7			
8			
9			
10			
11			
12			

ORGANIZATION

a. Briefly describe the functions and responsibilities of the work unit to which this position is currently assigned: Supervisory control and oversight of the Detroit Police Department. Establish policies, rules, regulations. Budget. Resolve non-criminal citizen complaints against DPD. Transfer criminal citizen complaints against DPD. Disciplinary. Annual report. _____

b. Draw a simple organizational chart to indicate the positions and line of supervision above and below your position. List the names and titles of the employees you supervise. Also, indicate relationships with lateral positions. (If you are completing this document electronically, you can insert MS Word text boxes or draw the structure in Visio, save it, select all and copy, minimize Visio and paste it here. If you are completing a printed document, please attach a drawing.) see example in the attachment.

EDUCATION

What is the minimal education level needed to perform the classification's duties?
Completion of 2 years college

IF you have chosen a vocational program or degree requirement, please indicate the name of the program, major, or specialization: Paralegal or related studies _____

List any skills, knowledges, or abilities needed to perform the work of this position in a satisfactory manner:

PROCESS MANAGEMENT

What type of instructions are needed to perform this position's duties on a daily basis? Specific

Is someone always available for consultation if an issue arises? Yes No. If Yes, list the title of the available person: Attorney, Secretary _____

Is a person in this position required to make decisions using independent judgment? Yes No. If yes, provide an example:

Is the position required to:

1. Plan or schedule future work? Yes No. If Yes, indicate the duty # from the chart on page one that describes this duty: _____

2. Complete budgets? Yes No. If Yes, indicate the duty # from the chart on page one that describes this duty: _____ What is the dollar amount budgeted?

3. Set work standards for the work unit? Yes No. If Yes, indicate the duty # from the chart on page one that describes this duty: _____ List the number of employees assigned to the work unit: _____ List the name of the work unit:

What equipment or machines are operated by this position (including, but not limited to, driving a vehicle(s): computer, copy machine _____

What percent of your workday is spent:

1. following well-defined standards of operation? 5%
2. paying high attention to detail or extensive concentration? 75%

(Note: the above 2 percentages do not have to total 100, but cannot exceed 100.)

SUPERVISION /LEADERSHIP EXERCISED

Is the position required to:

1. Supervise employees in the work unit? Yes No
If yes, indicate the number of employees supervised: _____

2. Insure the accomplishment of the work of any other position? Yes No
If yes, indicate the number of title(s) of the other positions:

3. Responsible for providing direction, guidance, or instruction to other employees, without direct supervisory duties? Yes No
If yes, indicate the number of employees: _____ and the position titles:

4. Analyze and solve problems for the work unit? Yes No
If yes, indicate the type(s) of problem: Assist with legal questions _____

PHYSICAL REQUIREMENTS

What are the approximate weights of the objects, essential to the performance of the classification's duties lifted, carried, pushed or pulled according to these categories on the list of values. How often (Frequency) is this effort exerted each shift and (Duration of Effort) how long is the effort exercised after the activity begins (that is, how much time, in seconds or minutes, is the object actually under the employee's control each time the object is handled)?

OBJECT	WEIGHT CATEGORY	FREQUENCY OF EFFORT	DURATION OF EFFORT
	select one		
	select one		
	select one		
	select one		
	select one		

Are mechanical/equipment assists available to lift the material? Yes No

Are mechanical/equipment assists available to transport the material? Yes No

What percent of the workday does the employee engage in the following activities:

Activity	% /shift	Activity	%/shift
Standing	<u>10</u>	Stooping	___
Sitting	<u>90</u>	Walking	___
Bending	___	Kneeling	___
Climbing	___	Crawling	___
Other	___		

(Note: the above percentages do not need to total 100%, but **cannot** exceed 100%.)

WORKING CONDITIONS

To which of the following elements are employees in this position exposed:

Element	Intensity	Exposure % per shift	Element	Intensity	Exposure % per shift
Heat	select one		Fumes	select one	
Cold	select one		Wetness	select one	
Dirt	select one		Noise	select one	
Dust	select one		Vibrations	select one	
Other	select one		Other	select one	

(Note: the above percentages do not need to total 100%, but **can** exceed 100%.)

Is personal protective equipment required to be worn or utilized by employees in this position?
yes No. If yes, What
equipment? _____

What are the personal requirements, if any, for proper use of the personal protective equipment
listed above (for example, must be clean shaven to wear respirator)? _____

OTHER DISTINGUISHING CHARACTERISTICS

Describe any other responsibility of this position regarding its duties or other requirements not
contained herein that should be considered in this analysis:

Employee Signature

Date

SUPERVISOR INSTRUCTIONS

Complete the following segments of this questionnaire by responding accurately and completely to the information requested. You may attach additional documentation if needed, to clarify any of your answers and/or comments.

Agree that all the information is correct and complete.

Agree that this information is correct, but requires further explanation:

DO NOT AGREE with some of the employee's statements. List the statement(s) below and the reason(s) for the disagreement.

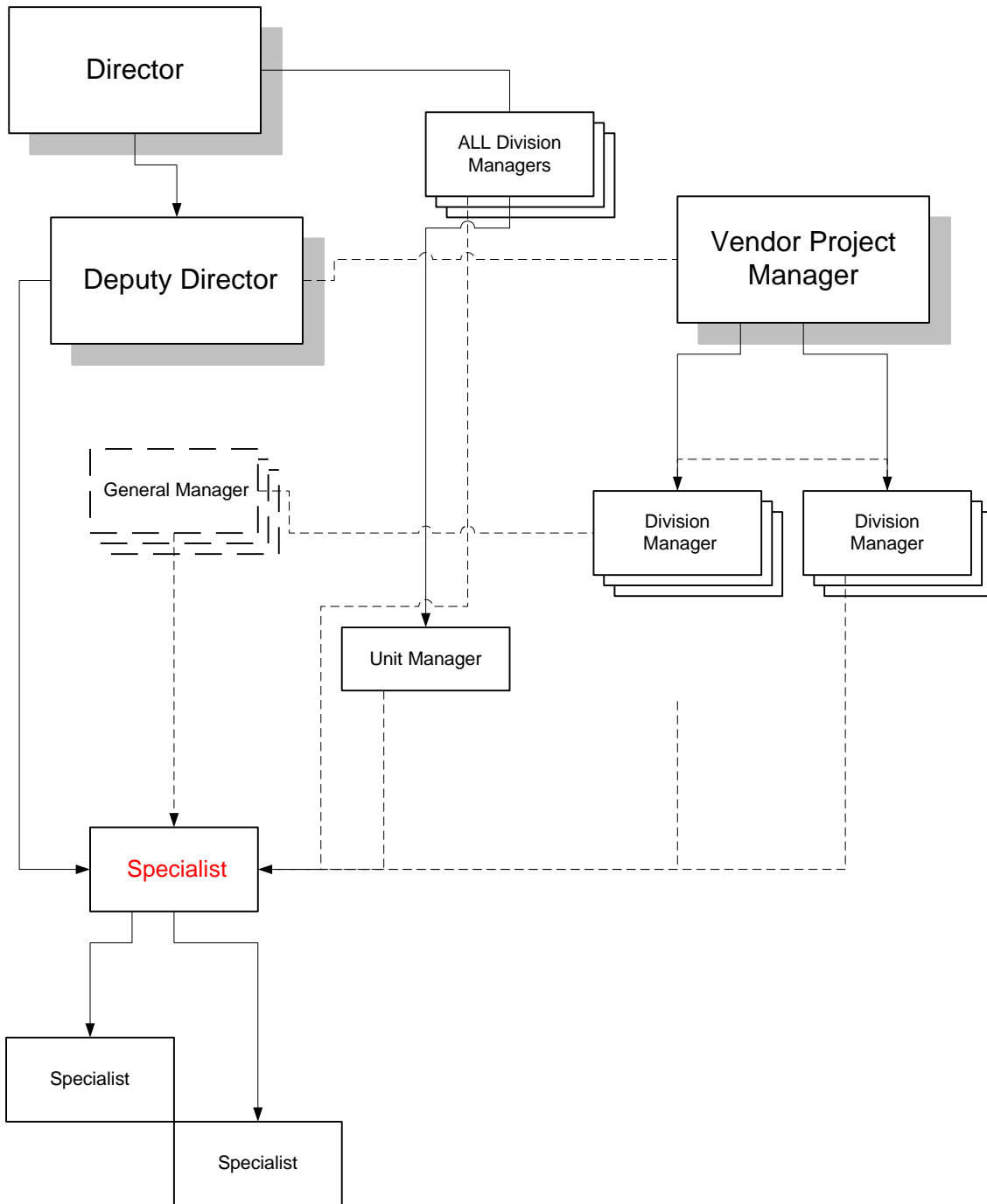
Supervisor's Name: Victoria Shah Telephone #: 313 399 5051

Supervisor's Class Title: Secretary to the Board

Supervisor's signature

Date

Attachment A - Example of an organization chart:



Attachment B – List of Values by Table

Table Name	Code	Values
Physical Requirements	1	1-10 lbs
	2	11-25 lbs
	3	26-40 lbs
	4	40-50 lbs
	5	over 50 lbs
Working Conditions	1	Low
	2	Medium Low
	3	Medium
	4	Medium High
	5	High