DUTIES QUESTIONNAIRE

FORM A PER 130
Updated 3/00

State of Connecticut
Department of Administrative Services
HUMAN RESOURCES BUSINESS CENTER
STATE OFFICE BUILDING, HARTFORD, CT 06106

THIS QUESTIONNAIRE MUST BE RETURNED TO YOUR IMMEDIATE SUPERVISOR WITHIN SEVEN DAYS AFTER YOU RECEIVE IT.

YOUR NAME (PRINT) *(Last)* *(First)* *(M. I.)*	DEPARTMENT		
TITLE OF YOUR JOB		RATE OF PAY	PER
NAME OF IMMEDIATE SUPERVISOR	TITLE OF SUPERVISOR	HOURS WORKED PER DAY NORMALLY:	HOURS WORKED PER WEEK NORMALLY:

DESCRIPTION OF DUTIES-

INSTRUCTIONS: In the space below, list all the duties of your regular job. The following suggestions will be helpful in preparing your list.

a.) BE SPECIFIC – Try not to use general statements such as "Operate machines", or "Handle correspondence".
b.) OMIT UNIMPORTANT DETAILS such as "pick up phone", "Open files", etc.
c.) NUMBER EACH DUTY and start each duty with words which clearly show the type of action performed, such as
"Take dictation on letters, reports and forms."
"Assign truck drivers and trucks on road projects for snow removal and sanding."
"Assist, as requested, in routine work of the department such as simple posting or checking."
d.) LIST IN THE RIGHT HAND COLUMN the approximate percentage of time normally spent on each duty.

(Additional sheets may be attached if needed)

DUTIES	% OF TIME

How long have you been performing these duties?

CONTINUE ON PAGE 2

SUPERVISION

Workers in the following jobs are under my supervision.

JOB TITLE	NUMBER	REGULAR	OCCASIONAL

Employee's Signature: X

The Supervisor will make no changes or additions to the above.
All remarks by the Supervisor should be made below on this page.

1. **IMPORTANT** – Be sure to check the employee's official current JOB TITLE on the top of the first page of this questionnaire.
2. Is the employee's description of his duties, and other answers, complete and correct and have they been authorized by you as Supervisor? ☐YES ☐NO
3. If "NO", what additions, deletions, corrections should be made?

SIGNATURE OF IMMEDIATE SUPERVISOR	TITLE OF IMMEDIATE SUPERVISOR
X	

I HAVE REVIEWED THE ABOVE STATEMENTS AND THE ABOVE SATEMENTS ARE CORRECT.

DATE

SIGNATURE, AGENCY HEAD

APPROVED:X