

County of Santa Cruz
Human Resources
Department

POSITION DESCRIPTION FORM SUPPLEMENT FOR SUPERVISORY POSITIONS

This questionnaire is designed to assist in describing the positions you supervise and the way in which you are required to supervise. We are interested in determining what supervisory duties you are required to perform, not how well you perform them. This form is designed to cover most of the common supervisory functions; however, be sure to add any additional information about your supervisory responsibilities which will assist us in understanding your job. Such information may be added on a separate sheet of paper. (Be sure to put your name and department on any attachments.)

Name _____

Department

Class Title

1. Which of the following best describes your supervisory responsibilities?

- I have on-going (year around) supervisory responsibilities.
- I have supervisory responsibilities part of the year. Show dates for period you have supervisory responsibilities.

- I have supervisory responsibilities on an occasional basis. Indicate how often (for example, two or three days a month).

- I have supervisory responsibilities in absence of my supervisor.

- Other (explain) _____

2. I directly* supervise (please also list any vacant positions):

Name (or “vacant”)

Class Title

*Employees who report to you directly, rather than to one of your subordinates.

3. I supervise through my subordinates:

Name (or “vacant”)

Class Title

Immediate Supervisor

4. When there are vacancies or absent subordinates (vacation, illness), to what extent are you authorized to make change in assignment (for example, assign an employee to another shift or function within your unit)?

[Redacted area for response to Question 4]

5. To what extent are you authorized to determine the duties/assignments of subordinates (other than for vacancies or absences)?

[Redacted area for response to Question 5]

6. What changes in duties or assignments would have to be authorized by your supervisor?

[Redacted area for response to Question 6]

7. To what extent do you have the authority to set priorities for the work performed by subordinates? Specify the types of work you can set priorities for.

[Redacted area for response to Question 7]

8. What priorities in your work are set by your supervisor or others (rather than by you)?

[Redacted area for response to Question 8]

9. Indicate the degree to which you review the work of your immediate subordinates. What work do you review and what is the extent and purpose of your review?

10. What actions or decisions by subordinates are you authorized to change?

11. To what extent do you determine how subordinates are to be trained? What types of training do you provide to subordinates?

12. To what extent are you authorized to approve and/or schedule paid time off (i.e., annual leave, vacation, sick leave, etc.)?

13. To what extent do you participate in the selection of your subordinates?

14. Do you participate in the evaluation of your subordinates?

Yes No

If so, which of the following best describes your role?

Observe performance and report to supervisor for following employees: (include employee name and title)

Assist supervisor in filling out the formal employee evaluation form and to conduct the performance evaluation interview for the following employees: (include employee name and title)

Independently prepare evaluations for and discuss performance with the following subordinates: (include employee name and title)

Other (explain)

15. Are you responsible for handling disciplinary problems involving employees supervised?

Yes No

If so, what disciplinary actions are you authorized to take? What disciplinary actions would be taken by someone else at a higher level?

16. Do you coordinate the flow of work:

between separate units or sections under your supervision?

with other units or sections?

If so, please give examples and indicate how such coordination is accomplished.

Employee Signature _____ Date _____

I am the supervisor of this employee and concur with all of the statements in this questionnaire with the following exceptions (add additional sheets if necessary):

Supervisor's Signature _____ Date _____

Department Head Signature _____ Date _____