

## SUPERVISORY POSITION SUPPLEMENTAL QUESTIONNAIRE



This form is to be completed **ONLY** by individuals who supervise other employees.

Please review this page. If it does not apply to your responsibilities, mark N/A across the page and leave it attached to the PDQ.

**SUPERVISION /SPAN OF CONTROL:** Please indicate the job titles and names of the employees who report *directly* to you and not through a subordinate supervisor. Include temporary, community service, student work, interns, and part-time workers. Check appropriate box below. Only one box should be checked for each employee listed.

Employee Name	Job Title	Lead	Supervise
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Please indicate the job titles, and name/number of positions for each, that report to your direct subordinates.

Employee Name	Job Title

**SUPERVISORY RESPONSIBILITIES:** Does your position have the authority to take any of the following actions? If you mark one YES, please mark all others as appropriate.

If your responsibility are to make recommendations for these actions, please also respond below at the asterisk \*.

Responsibility	Yes	No	Responsibility	Yes	No
Hire employees	<input type="checkbox"/>	<input type="checkbox"/>	Prepare employees' performance appraisals	<input type="checkbox"/>	<input type="checkbox"/>
Promote employees	<input type="checkbox"/>	<input type="checkbox"/>	Approve sick leave/vacation	<input type="checkbox"/>	<input type="checkbox"/>
Transfer employees	<input type="checkbox"/>	<input type="checkbox"/>	Recall employees to work in emergencies	<input type="checkbox"/>	<input type="checkbox"/>
Prepare work schedule	<input type="checkbox"/>	<input type="checkbox"/>	Award merit increases	<input type="checkbox"/>	<input type="checkbox"/>
Assign/review work	<input type="checkbox"/>	<input type="checkbox"/>	Discipline employees	<input type="checkbox"/>	<input type="checkbox"/>
Train employees	<input type="checkbox"/>	<input type="checkbox"/>	Suspend employees	<input type="checkbox"/>	<input type="checkbox"/>
Assign/approve overtime	<input type="checkbox"/>	<input type="checkbox"/>	Terminate employees	<input type="checkbox"/>	<input type="checkbox"/>
Assign/approve comp. time	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

\* If you have no authority to act on these items, does your supervisor relay mainly on your recommendation(s) to make the decision?  Yes  No

**EMPLOYEE:** I certify that the statements made herein are accurate and complete.

Employee Signature:	Date:
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**IMMEDIATE SUPERVISOR'S REVIEW FOR ACCURACY:** I have reviewed and discussed the contents of this position description with the employee. Except for items noted below, I find the PDQ accurate and complete.

Comments:

Immediate Supervisor Signature:	Date:
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Please have your *direct supervisor* return the completed form to: [hrjobs@pinalcountyaz.gov](mailto:hrjobs@pinalcountyaz.gov).