

AC Transit

MANAGEMENT PROCEDURE

PROCEDURE NO. 223
DATE October 28, 1987
REVISION NO.
REVISION DATE
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DESK AUDITS

I. PURPOSE

To gather information about duties, responsibilities, and other pertinent job-related facts necessary to determine a specific position's proper classification.

II. PERSONS AFFECTED:

All management employees.

III. POLICY:

It is the policy of the District to maintain its classification plan through the use of desk audits and job analysis.

IV. DEFINITIONS:

Desk Audit: A job-site review of the duties of an employee.

Job Analysis: The systematic process of collecting and evaluating all information relating to a specific job in order to provide a classification specification to be used as a basis for management decisions involving recruiting, selection, placement, training, advancement and compensation.

V. RESPONSIBILITIES:

A. Department Managers are responsible for following the provisions of this Management procedure when requesting a Desk Audit for department employees whose duties and responsibilities have changed or when organizational realignment is proposed.

B. The Human Resources Department is responsible for conducting desk audits.

- C. In the Class Evaluation Appeals process, the final authority for determining the necessity of a desk audit rests with the Human Resources Manager.

VI. PROCEDURES:

- A. Department Managers will submit a written request for Desk Audits to the Human Resources Manager. In addition to identifying positions to be audited, the Department Manager also will indicate the justification for the audits.
- B. Based upon established and approved priorities for the audits, the Human Resources Department will perform the audits.
- C. Job information may be obtained by one or all of the following methods:
(1) Job description questionnaire, (2) Job observation and, (3) Audit interview.
- D. Upon completion of a desk audit, a job analysis will be undertaken to review and analyze its results and to generate recommendations to be submitted to the Executive Staff and General Manager for consideration.
- E. After completion of the job analysis process, the final classification specification will be reviewed by the employee and his/her Supervisor and Department Manager to insure clarity and accuracy.

VII. ATTACHMENTS:

Job Description Questionnaire

JOB DESCRIPTION QUESTIONNAIRE

Employee Name: _____ Date: _____

Reviewed By: _____ Date: _____

How long have you been in your present position? _____
yrs./mos.

JOB IDENTIFICATION

1. Job Title _____
2. Organization _____
3. Supervisor's Name and Title _____

INSTRUCTIONS

The position description is the principal tool used to measure the types of duties and level of responsibilities assigned a particular position.

A copy of your job description has been attached to this form. Before completing the survey, please review the description for accuracy. If necessary add any new tasks and responsibilities not presently reflected in the description, and delete those which no longer apply.

**Non-supervisory employees should complete only Part I.
Supervisory employees should complete Parts I and II.**

Please check your answers for accuracy and completeness, and return the completed form to your supervisor.

PART I

- A. **JOB SUMMARY STATEMENT.** Describe the role/purpose of your position in one or two sentences.

B. KNOWLEDGE REQUIRED.

1. List the basic knowledges, skills, and abilities you believe necessary for a person to perform the duties listed in Section A. (Examples: Knowledge of basic rules and procedures for filing name cards alphabetically; skill in operating automotive, mechanical equipment; ability to collect, interpret and analyze statistical data; ability to communicate effectively both orally and in writing, etc.)

a.

b.

c.

d.

2. Do you use specialized hand tools, office equipment and/or machines while performing your job?

Yes No

If yes, please specify.

Calculator
 Computer
 Dictaphone
 Wordprocessor

Power Saws
 Trucks
 Other _____

3. Is a license or certificate required/desired to perform your work? Yes No

If yes, please specify.

State Motor Vehicle License
 Engineering License
 Other _____

4. What kind of experience or special training is needed to perform your work. (Please check one)

- _____ High school or recognized equivalent. Minimum years experience 0-1 year.
- _____ High school graduate or recognized equivalent plus additional formal professional, skills, education. Minimum 1-2 years.
- _____ Bachelor's degree or recognized equivalent. Minimum experience 3-5 years.
- _____ Bachelor's degree or recognized equivalent plus additional formal professional training or specialized knowledge of a technical field. Minimum experience 6-9 years.
- _____ Master's degree or recognized equivalent in a specific field of study. Minimum experience 10-14 years.
- _____ Other combination of training and experience not listed above.
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C. SUPERVISION OVER YOUR WORK

1. Who reviews or critiques your work?
2. What is the nature of the standing or continuing instructions given to you regarding tasks you perform? (Check one)
- _____ The instructions are detailed and specific, covering all aspects of the work.
- _____ The instructions are somewhat general; many aspects of the work are covered specifically although some judgment is needed.
- _____ The instructions are very general requiring me to use considerable judgment.
- _____ Other (describe fully).
3. What is the nature of the instructions provided to you for newly assigned or one-time duties? (Check one)

- Detailed and specific, covering all aspects of the work.
- Somewhat general, requiring me to use some judgment.
- Very general, requiring me to use considerable judgment.
- Other (describe fully).

4. At what point do you receive instructions or directions for the duties you listed in 3 above? (Choose one)

- Instructions are given before I begin and as I proceed with the task.
- Instructions are given both before I begin and as I proceed with the task.
- I am given full responsibility for deciding how to do the job, and I only seek my supervisor's assistance if a problem arises.

5. How does your supervisor review your work: (Check all that apply).

- My supervisor spot checks what I am doing as I do it.
- My supervisor spot checks my completed work.
- My supervisor reviews most or all of my completed work. Non-routine work.
- My supervisor does not review my work.
- Other (describe fully). This includes work such as computer rejecting the work or the next person returning the work if incorrect.

D. GUIDELINES USED IN YOUR WORK

1. What specific Local, State, or Federal laws do you use or follow in performing assignments? (Specific laws pertain to laws you must have knowledge of and frequently use as a reference to perform your job.)

2. What administrative procedures (e.g., personnel procedures, department operating procedures, affirmative action, etc.) or instructions do you use or follow in performing assignments?

3. Do you: (Check all that apply.)

_____ Develop and approve procedures for your department, division, operating unit?

_____ Contribute to the development of procedures?

_____ Administer/facilitate procedures?

_____ Refer and/or follow procedures only?

E. COMPLEXITY

1. Describe what makes your work complicated, unusual or difficult to perform?

2. For what work do you make recommendations (Give examples)?

3. For what work are you the final approval (Give examples)?

F. SCOPE AND EFFECT

1. What is the impact of your work within your work area? (Check all that relate to your job.)

_____ Work facilitates the work of others.

_____ Affects the acceptability or reliability of further processes or services.

_____ Results in a direct product, service or output.

_____ Results in organizing and implementing, or evaluating and changing functions, programs or operations that affect a wide range of activities with the District.

- Resolves critical problems or results in developing new programs or operations, approaches, etc.
- Results in effective operation of an entire program or process.
- Results in effective operation, planning and administering programs which are most critical to the mission of the District.
- Other _____

G. BUDGET PROCESS

1. What is your responsibility/contribution to the budget process? (check one)
 - No budget responsibility.
 - Contributes in collecting information and analyzing data for budget development under supervisory guidance.
 - Prepares, administers and monitors budget for own section including payroll, equipment, material and other monetary resources. Reviews, initials for signature expenditures, but has no authority to approve them.
 - Shares responsibility in the preparation and administration of budgets for departments including payroll, equipment, material and other monetary expenditures. Approves expenditures.
 - Has full responsibility for preparing, administering and monitoring budgets (division or authority-wide) including payroll, equipment, material resources. Approves and reviews all department budgets which may also include investments, revenues, taxes and other financial statements and records.

H. PERSONNEL RELATIONSHIPS

1. With whom and what organization are regular contacts maintained? For each contact, indicate the frequency involved (i.e., daily, weekly, monthly, occasionally).

2. What is the purpose of required contacts? (Check where applicable.)

_____ To exchange routine information

_____ To plan and coordinate work

_____ To influence and motivate persons contacted to a desired objective.

_____ To negotiate, resolve, and settle differences of important, controversial matters.

_____ Other

_____ Describe briefly the nature of these contacts.

I. WORKING CONDITIONS

1. Describe the physical demands of your job by checking as many of the following that apply.

_____ Typically sitting at a desk or table.

_____ Typically standing or walking.

_____ Occasionally lifting of light objects (less than 25 lb.).

_____ Frequent lifting of objects weighing 25-50 lbs.

_____ Occasional lifting of objects weighing 50 lbs. or more.

2. Describe the normal or usual conditions where your work is performed by checking as many as the following apply.

_____ Work is performed in an office, library or computer room.

_____ Work is performed in a stockroom or warehouse.

_____ Work exposes me to much dust, dirt, grease, noise, etc.

_____ Work exposes me to machinery and its moving parts.

_____ Work is performed outdoors and occasionally in cold or inclement weather.

_____ Work requires use of protective devices such as goggles, masks, gloves, etc.

J. OTHER FACTORS. Provide any additional information about your duties, responsibilities, or required qualifications which you consider to be important, but which have not previously been mentioned.

EMPLOYEE CERTIFICATION

Employee Signature

Date

PART II

(TO BE FILLED OUT BY SUPERVISORY PERSONNEL ONLY)

A. Indicate number, position title, and grade of non-supervisory positions you supervise.

Number	Position Title	Grade
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B. Indicate the number, position title and grade of supervisors whom you supervise.

Number	Position Title	Grade
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C. Nature of Supervisory Duties: (Check all that apply)

- Work Planning
- Work Assignments
- Work Review (for quantity, quality, etc.)
- Training Personnel or Instructing Work Methods
- Counseling
- Performance Evaluation of Employees
- Approval of Employees' Leave
- Interviewing and Selection of New Employees
- Recommend or Apply Disciplinary Action
- Facilitating District, Division, Department or Units MBO Program
- Developing your Division, Department or Units MBO program
- Other _____

Supervisory Employee's Signature

Date