HAY INTERVIEW QUESTIONNAIRE

*Commonwealth of Pennsylvania*

This questionnaire was designed to collect important job content information about your position. The questionnaire will aid you in describing your present position in terms of its major responsibilities, duties and requirements. Please use language that is clear and concise so that someone unfamiliar with your position will be able to understand *what,* *how*, and *why* it functions, simply by reading the completed questionnaire.

**Identifying Information**

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| Your First Name: | Your Middle Name: | Your Last Name: |
| Your Title: | Your Position # |
| Supervisor’s First Name: | Supervisor’s Last Name: |
| Supervisor’s Title: | Supervisor’s Position #: |
| Department: | Office/Bureau/Division: | Today’s Date: |

**Organizational Structure: Please attach department/organization charts.**

**Position Purpose: Describe the primary purpose of your position and how it contributes to your organization’s objectives.**

Please provide a brief statement describing the reason that your position exists. Include the overall end result that the position is expected to produce along with some of the key means by which it achieves that end result. Your “means” description should not include a detailed, exhaustive listings of facts, but rather a clear, specific list of ways in which the end result is accomplished.

Sample Position Purpose Statement for a human resources manager: *Plans and directs human resources activities to ensure timely availability of qualified personnel and the implementation of effective human resources policies and practices*.

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**Position Dimensions: Provide a quantitative description of your position’s impact on the organization or function on which your work is primarily focused.**

Provide quantitative statistics that describe the extent of your position’s direct or indirect impact on your organization. Please include descriptions for each of the dimensions listed below. Add any other dimensions or statistics that you think give a clear sense of your position’s impact or contribution to the organization. In the Comments section, please provide the purpose for which the monies are used and the level of accountability/decision making you have for these monies. Please use *annual* figures.

|  |  |  |
| --- | --- | --- |
| **Dimension** | **Value** | **Comments** |
| Payroll budget for which you are accountable (6100000) | $ |  |
| Operating budget for which you are accountable (6300000) | $ |  |
| Other monies for which you are responsible, such as grants, contracts, fixed assets, etc. (Specify): | $ |  |
| Please indicate the number of employees that report to you by type and total: | Professionals: |  |   |
| Technical/Para-professionals: |  |
| Clerical: |  |
| Other (Specify): |  |
| Total: |  |
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**Major Accountabilities: Describe the core responsibilities of your position.**

List the core job functions (“Major Accountabilities”) associated with your position. For each row that you complete, the “Accountability/Activities” and “End Result Expected” blocks should contain 1-2 sentence statements summarizing the function you are describing and the major end results of the function. Each statement should begin with an action verb that describes your role or purpose in the organization.

Sample Major Accountabilities statement for a Director, Bureau of Health Statistics -- Accountability/Activities: “*Develops and implements policies and procedures for public health data collection”--* End Result Expected: “*To facilitate the standardization of data collection methods to ensure statistical validity and reliability”*

List accountabilities by *descending order of importance*. Use only the number of spaces that are needed to capture the major accountabilities of your position. Most jobs can reasonably be described in 6-8 accountabilities. The “% Time” column should total 100%.

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| --- | --- | --- |
| **%Time** | **Accountability/Activities** | **End Result Expected** |
| 1. % |  |  |
| 2. % |  |  |
| 3. % |  |  |
| 4. % |  |  |
| 5. % |  |  |
| 6. % |  |  |
| 7. % |  |  |
| 8. % |  |  |
| 9. % % %. % % % |  |  |
| 10. % |  |  |

TOTAL = 100%

**Decision Making: Describe the types of decisions you make and the types of decisions that you refer to others (i.e., coworkers, supervisor, legislature, governor, etc.)**

Describe the types of decisions made by your position without prior approval. For example: “*I guide the development of the departmental budget, determine allocation of department funds, present budget proposals, and obtain all necessary approvals.”*

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Describe the types of decisions referred to others or decisions dictated by policy. For example: *“I refer all budget expenditures outside of the approved budget and all decisions which fall outside department policy.”*

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**Working Relationships: Describe representative contacts you need to have with others to perform your work. Include both internal contacts and external contacts, excluding your supervisor and/or subordinates (i.e., coworkers, vendors, state and federal agencies, interest groups, professional organizations, etc.)**

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| --- | --- | --- |
| **Contact****(Use titles, not names)** | **Purpose and/or Nature of Contact**  | **Frequency of Contact****(Daily, Weekly, Monthly, etc.)** |
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**Knowledge and Skills: List the knowledges, skills, abilities, experience, education and/or other requirements necessary in order to perform your work in a fully competent manner. Please do not base your responses on your non-work related personal education, training, or experience.**

List the knowledges, skills, abilities, and experience needed to perform the work of your position in a fully competent manner. Include only those that are required for competent performance.

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|  | **Knowledges, Skills, Abilities or other Requirements** | **Reason Needed** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6. |  |  |
| 7. |  |  |
| 8. |  |  |
| 9. |  |  |
| 10. |  |  |

What is the minimum level of education required to perform the work assigned to your position in a fully competent manner?

*(check one)*

|  |  |
| --- | --- |
| High School |  |
| Trade/Technical School |  |
| Associate’s Degree |  |
| Bachelor’s Degree |  |
| Bachelor’s Degree + |  |
| Master’s Degree |  |
| Master’s Degree + |  |

Please note any licenses or certifications required by law for your position.

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**Major Challenges: Please provide 3 or 4 examples of the most challenging problems that your position is required to solve and how you approach them.**

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| **Typical Challenge** | **Approach/Solution** |
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**Comments: Please add any comments that may be helpful in understanding your position and how it functions. This may include recent changes to your position, major projects/initiatives you handled, functions of subordinate positions reporting to you, etc.**

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Signature\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HAY INTERVIEW QUESTIONNAIRE

*Commonwealth of Pennsylvania*

One of your employees completed a questionnaire to collect important job content information about his or her position. The questionnaire asked the employee to present his or her position in terms of its major responsibilities, duties and requirements. Now that you have read your employee’s responses to the questionnaire, you will have a chance to comment on his or her responses. Please use language that is clear and concise so that someone unfamiliar with your employee’s position will clearly be able to understand your comments.

**Identifying Information**

|  |  |  |
| --- | --- | --- |
| Employee’s First Name: | Employee’s Middle Name: | Employee’s Last Name: |
| Employee’s Title: | Employee’s Position # |
| Your First Name: | Your Last Name: |
| Your Title: | Your Position #: |
| Department: | Office/Bureau/Division: | Today’s Date: |

**Supervisor’s Comments: After reading the incumbent’s responses to this questionnaire, please answer the following questions.**

1. What do you consider the most important accountability of this position?

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2. What do you consider the most important qualifications of an employee in this position?

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3. Does this questionnaire describe the work of the position appropriately at the fully effective level? (Circle One) **YES NO**. If the answer is NO, describe where you would change the emphasis.

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Manager’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_