

CITY OF CORNER BROOK
Position Re-evaluation Questionnaire Form

Name of Employee _____

Department and/or Division _____

Position Title _____ Position number _____

Name & Title of Immediate Supervisor _____

Number of Staff You Supervise _____

Working Titles of Staff You Supervise _____

Provide an explanation of why you feel your position should be reclassified. Include an analysis of comparable positions within the organization.

Use the *Description of Duties and Responsibilities* form to outline the duties for this position

List titles of persons with whom you deal directly on a regular basis.

Within your department or division: _____

Within the municipal organization: _____

Organization and individuals outside the municipality: _____

If applicable, list special equipment required to carry out your duties: _____

In your opinion, what are the minimum qualifications required to perform your duties?

Education and training _____

Years of experience in addition to education _____



I certify that the above answers are my own and are accurate and complete to the best of my knowledge.

Date _____

Signature _____