

For Office use only

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**PAY RESEARCH BUREAU  
JOB DESCRIPTION QUESTIONNAIRE**

The Pay Research Bureau is updating its records in respect of the various kinds of jobs being performed in the Civil Service, Parastatal and other Statutory Bodies, Local Authorities, Rodrigues Regional Assembly and the Private Secondary Schools. Officers in the different Ministries/Departments/Organisations are being asked to supply relevant information about their jobs.

In this context, you have been sampled for the exercise. You are therefore requested to fill in this Job Description Questionnaire cum Job Analysis Form.

Before filling in the questionnaire you are requested to read the annexed Guidelines and Glossary of Terms used in Job Descriptions. As a jobholder you are the best person to give a comprehensive description of the job you are performing. The information provided will enable the Bureau to make an appropriate assessment of your grade. If you are new on the job, ask your supervisor what duties you will have in addition to those with which you have already become familiar.

The Bureau relies on your cooperation.

1. Ministry/Department/Organisation: .....
2. Division/Branch/Section: .....
3. Grade: .....
4. Name of Officer: .....
5. Date of first appointment and grade: .....
6. Date of appointment to present grade: .....
7. Salary Code and Salary Scale of the Grade (excluding Salary Compensation):  
Code: .....  
Scale: Rs .....
8. Personal Salary/Salary Scale, if any (excluding Salary Compensation):  
Rs .....
9. Salary point reached in the Scale (excluding Salary Compensation): Rs .....
10. Do you perform Overtime/Extra Duty regularly?    Yes    No  
          
If yes, state:
  - (a) Frequency during last calendar year:.....
  - (b) Latest amount received (week/month): Rs .....

**11. Travelling Benefits**

State the type of Travelling Allowance/Refund of Travelling you are eligible for:

*Please tick as appropriate*

- Travel Grant
- Mileage
- Commuted Travelling Allowance
- Travelling by Bus
- Others, if any .....

.....

**12. Uniforms/Protective Equipment**

- (a) Are you eligible for uniforms? **Yes** **No**
- 

If yes, please specify in details the items you are entitled to, as well as quantity and frequency in specific period of time.

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.....

.....

- (b) Are you eligible for protective equipment? **Yes** **No**
- 
- (such as overcoat, boots, etc)*

If yes, please fill the table below. *(Examples are provided)*

Protective Item	Scale of issue	Frequency of issue
Raincoat	1 unit	Every 3 years
Helmet	1 unit	On duration

**13. Position in the Organisation (*Please see Note 1 of Guidelines*)**

Draw an Organisation Chart of your Division/Branch/Section indicating the grade(s) to whom you report and the grade(s) (with number of officers) reporting to you. Also indicate the grade(s) with which your post has direct working links.

**14. Background Information**

Give a brief account of the main functions of the section where you are posted.

**15. Purpose of your Job**

Explain **briefly** in general terms the duties which you are performing to achieve the overall objectives of the section where you are posted.

**16. Accountability** (*Please see Note 2 of Guidelines*)

State **briefly** what you are expected to achieve and for which you are responsible/accountable /answerable.

**17. Main Activities (*Please see Note 3 of Guidelines*)**

Describe in details the main duties performed by you. Use additional sheets if necessary. **Indicate the approximate percentage of time spent on each activity** (e.g. on a daily, weekly, monthly, quarterly basis, etc).

**Main Activities (cont'd)**

18. (a) **Contact and Communication**

State the nature, purpose and frequency of contact/interaction you make with persons inside and/or outside the section/organisation/government during the course of your work.

(b) **Modes of Communication**

Please tick as appropriate the various modes of communication you use in the course of your work.

**Modes of Communication**

- Letters/Memos/Circulars
- Fixed telephone
- Cellular phone
- Intranet
- Internet (e-mail, conference, skype, etc)
- Fax
- Others (*Please specify*) .....
- .....
- .....
- .....

19. **Supervision Received**

Please indicate how your work is supervised.

20. **Supervision Given** (*Please see Note 4 of Guidelines*)

Please indicate the various types and extent of supervision you give in the performance of your duties.

21. **Responsibility for Assets**

Indicate any responsibility you have for money, (approximate sum involved) and for materials and equipment (approximate value, if possible). Also indicate the extent to which you are accountable for loss, damage, etc.

22. **Working Conditions**

## (a) Hours of Work:

Weekdays: From: ..... To: .....

Lunch Time: From: ..... To: .....

Saturdays: From: ..... To: .....

*Please tick as appropriate*(b) Do you work on: (*Please see Note 5 of Guidelines*)

	<b>Yes</b>	<b>No</b>
Staggered hours?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Or</b> Roster (Day)?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Or</b> Roster (Day and Night)?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Or</b> Shift?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please give details (e.g. Shift cycle, Rest period, etc.)

	<b>Yes</b>	<b>No</b>
(c) Do you work on Sundays and Public Holidays?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please give frequency and duration.

	<b>Yes</b>	<b>No</b>
(d) Do you work outside normal working hours?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please give details.



**23. Environmental Conditions**

List the unfavourable working conditions that you are exposed to during the normal course of your work:

e.g Risks of accident, health hazards, unfavourable climatic conditions, isolation, etc.

Explain and elaborate with example/s.

**24. Additional Information**

- (a) Would you suggest a change in the title of your post, if, in your view, the current one is not suitable? **Yes** **No**

If yes, please give details/reasons.

- (b) Are any of your tasks being performed by officers in other grades in the organisation? **Yes** **No**

If yes, please give details.

- (c) (i) List the tasks which you are performing and you consider should not be performed by you.

(ii) Which grade according to you should perform these tasks?

- (d) List the tasks performed by officers in other grades but which you consider ought to have been done by you, for greater efficiency and effectiveness.

- (e) Specify the training that you have received in the present grade (courses, seminars, on-the-job training, etc.)

**25. Core Competencies required for the effective performance of your job.**  
***(Please see Note 6 of Guidelines)***

*Please tick where applicable*

- |                               |                          |   |                          |
|-------------------------------|--------------------------|---|--------------------------|
| 1. Team work                  | <input type="checkbox"/> | 10. Focus on results                      | <input type="checkbox"/> |
| 2. Analytical Skills          | <input type="checkbox"/> | 11. Leadership                            | <input type="checkbox"/> |
| 3. Attendance and Punctuality | <input type="checkbox"/> | 12. Planning                              | <input type="checkbox"/> |
| 4. Change Management          | <input type="checkbox"/> | 13. Problem Solving Skills                | <input type="checkbox"/> |
| 5. Coaching and Counselling   | <input type="checkbox"/> | 14. Reliability                           | <input type="checkbox"/> |
| 6. Communication Skills       | <input type="checkbox"/> | 15. Responsibility                        | <input type="checkbox"/> |
| 7. Customer Focus             | <input type="checkbox"/> | 16. Strategic Thinking                    | <input type="checkbox"/> |
| 8. Decisiveness               | <input type="checkbox"/> | 17. Technical Knowledge and Skills        | <input type="checkbox"/> |
| 9. Ethical Conduct            | <input type="checkbox"/> | 18. Others,if any <i>(Please specify)</i> | <input type="checkbox"/> |

26. Give any other relevant information which you think is necessary for a full understanding and a proper assessment of your job.

27. **Jobholder's Signature:** ..... **Date:** .....

28. **Immediate Supervisor**

(i) Your comments on the job description.

(ii) Is Jobholder performing any duty in addition to his/her normal schedule of duties?

**Name:** ..... **Grade:** .....

**Signature:** ..... **Date:** .....

29. **For Bureau's use only:**

**Name of Officer:** ..... **Grade:** .....

**Signature:** ..... **Date:** .....