



State of Connecticut Human Resources
Duties Questionnaire Form

Form #. CT-HR-14
Revision Date: 10/2010

THIS QUESTIONNAIRE MUST BE RETURNED TO YOUR IMMEDIATE SUPERVISOR WITHIN SEVEN DAYS AFTER YOU RECEIVE IT.

YOUR NAME (PRINT) (Last) (First) (M. I.) DEPARTMENT

TITLE OF YOUR JOB RATE OF PAY PER

NAME OF IMMEDIATE SUPERVISOR TITLE OF SUPERVISOR HOURS WORKED PER DAY NORMALLY: HOURS WORKED PER WEEK NORMALLY:

1. DESCRIPTION OF DUTIES-

INSTRUCTIONS: In the space below, list all the duties of your regular job. The following suggestions will be helpful in preparing your list.

- a. BE SPECIFIC - Try not to use general statements such as "Operate machines", or "Handle correspondence".
b. OMIT UNIMPORTANT DETAILS such as "pick up phone", "Open files", etc.
c. NUMBER EACH DUTY and start each duty with words which clearly show the type of action performed, such as "Take dictation on letters, reports and forms."
d. LIST IN THE RIGHT HAND COLUMN the approximate percentage of time normally spent on each duty.

(Additional sheets may be attached if needed)

Table with 2 columns: DUTIES and % OF TIME. Multiple rows for listing duties.

How long have you been performing these duties?

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