QUESTIONNAIRE REGARDING CONFIDENTIAL DUTIES

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ALRA CASE NAME AND NUMBER:_____-UC__

(To be completed by the Alaska Labor Relations Agency after the petition is filed.)

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TO BE COMPLETED BY PARTY SENDING THE QUESTIONNAIRE

Sent From: Employer/Union Name:_____
Mailing Address:_____
_____
Contact Name:_____
Contact Phone and Fax Numbers:_____
E-Mail Address:_____

Sent To: Incumbent's Name (PCN___-_____):_____
Incumbent's Work Address:_____
Incumbent's Mailing Address:_____
Incumbent's Phone and Fax Numbers:_____
Incumbent's E-Mail Address:_____

Date mailedor emailed___/___/____ by _____
(Employer/Union name and contact name)

On (date) _____, the _____ notified _____ that it intended to transfer your position to the _____ unit, represented by _____. _____ may challenge this action by filing a unit clarification petition with the Alaska Labor Relations Agency. A requirement for filing the petition is having the employee in the position complete this questionnaire.

INFORMATION FOR INCUMBENT / PRIMARY PERSON THAT INCUMBENT ASSISTS IN A CONFIDENTIAL CAPACITY

After the petition is filed with the Agency and it has been accepted for filing, the Agency will investigate the petition under 8 AAC 97.050 to determine if there is reasonable cause to believe that a question of unit clarification exists. To assist with the filing, you must complete this questionnaire as completely and accurately as possible. Please return it to the party listed above on the "Sent From" line within 15 days from the mailing date listed above. **THE QUESTIONS PERTAIN TO YOUR CONFIDENTIAL DUTIES IN YOUR CURRENT POSITION**. If you need additional space to answer any question, you may write on the back or attach separate sheets of paper. If there is additional information you wish to provide about your confidential responsibilities that is not addressed in the questionnaire, you may include that information on additional sheets of paper. An example of helpful information would be information about the confidential duties you preformed in your previous position, if your position was upgraded recently and you had confidential responsibilities for the same position control numbers before the upgrade. A copy of your completed questionnaire will be given to representatives from the employer and any affected unions.

Under 8 AAC 97.990(a)(1), "confidential employee" means an employee who assists and acts in a confidential capacity to a person who formulates, determines, and effectuates management policies in labor relations matters;

If there is anything on this questionnaire that you do not understand or have questions about or if there is any reason you are unable to complete the questionnaire, please call the party who sent it to you, or the Agency. AFTER YOU HAVE COMPLETED THIS QUESTIONNAIRE, PLEASE GIVE IT TO THE PRIMARY PERSON YOU PROVIDE CONFIDENTIAL ASSISTANCE TO WHO HAS RESPONSIBILITY TO FORMULATE, DETERMINE, AND EFFECTUATE MANAGEMENT POLICIES IN LABOR RELATIONS MATTERS SO THAT HE/SHE CAN REVIEW YOUR ANSWERS AND INDICATE AGREEMENT OR DISAGREEMENT, AND/OR PROVIDE ADDITIONAL INFORMATION.

Questions concerning this questionnaire can be directed to the party who sent it to you, or the

ALASKA LABOR RELATIONS AGENCY
3301 EAGLE STREET, SUITE 206
ANCHORAGE, ALASKA 99503
(907) 269-4895 Fax (907) 269-4898
labor.relations@alaska.gov

If you no longer provide confidential assistance, you do not need to complete this questionnaire. Instead, please complete the certification below, give it to the primary person to whom you provide confidential assistance to, and return these first two pages of this questionnaire to the person who sent it to you.

I hereby certify that I no longer work as a confidential employee as described in 8 AAC 97.990(a)(1).

By:_____

Date:_____

TO BE COMPLETED BY THE PRIMARY PERSON TO WHOM THE INCUMBENT PROVIDES CONFIDENTIAL ASSISTANCE TO, WHO HAS RESPONSIBILITY TO FORMULATE, DETERMINE, AND EFFECTUATE MANAGEMENT POLICIES IN LABOR RELATIONS MATTERS
(This may or may not be incumbent's supervisor)

I hereby certify that the answer_____ (incumbent's name) provided, to the above questions is accurate. To the best of my knowledge and belief, (name of incumbent) no longer works as a confidential employee as described in 8 AAC 97.990(a)(1).

By: _____ Date:_____
(Signature of primary person incumbent assists in a confidential capacity)

_____

Name and Job Title:_____
Phone and Fax Numbers:_____
Work Address:_____
E-Mail Address:_____

TO BE COMPLETED BY INCUMBENT

1. How long have you been employed in your current position?_____

2. Do you assist and act in a confidential capacity to a person who formulates, determines, and effectuates management policies in labor relations matters? _____Yes _____No

3. If you answered "yes" to question number 2, list the name, job title, and telephone number of each *(employer name)* _____employee whom you assist and act in a confidential capacity._____

4. Is there ever a time of the year when you do not assist and act in a confidential capacity as described above? _____Yes _____No
If "yes," please list the dates during the year when you do not assist and act in a confidential capacity.

5. What duties do you perform when you assist and act in a confidential capacity? (If you perform these duties for more than one person, please make sure that your answer shows which duties you perform for which individuals.) Please be sure that your answer explains what your level of responsibility is for each task. For example, instead of saying, "I handle grievances," explain exactly what your job is. For example, if your involvement consists of typing first level grievance responses that someone else has prepared, you should respond by saying "I type first level grievance responses that have been prepared by Ed Jones, personnel officer."

6. How do you know you are responsible to perform the duties you listed above?

7. Do you have any written delegation of authority to perform these duties? _____Yes_____No If "yes," please attach a copy of any documents that show you are required to assist and act in a confidential capacity to a person who formulates, determines, and effectuates management policies in labor relations matters._____

8. Are there other individuals in your office who assist and act in a confidential capacity to a person who formulates, determines, and effectuates management policies in labor relations matters? If so, please list the name(s) and job title(s) of those employees and the name of the bargaining unit to which their position is assigned. Briefly describe the tasks that each of these employees performs as they assist and act in a confidential capacity.

9. What, if any, documents do you handle that are confidential under AS 39.25.080?

10. What responsibility, if any, do you have to insure that confidential matters are not disclosed?

11. What responsibility, if any, do you have for setting agency goals, objectives, or policies for labor relations matters?

12. If you are a State of Alaska employee, do you believe that your position should be in the general government unit or the confidential bargaining unit?_____ Why?_____

13. If you are not a State of Alaska employee, in which bargaining unit do you believe your position should be located? _____ Why?_____

14. Which bargaining unit do you prefer to be in?_____
Why, if different from the reasons listed in number 12 or 13? _____

15. Do you attend meetings that other confidential bargaining unit members in your area attend? _____ If "no," explain why not._____

16. If you are a State employee, do you know how long your position has been in the general government unit or confidential unit? _____ If "yes," state the length of time and which unit it is in.

If you are not a State employee, what is the unit placement history for your position? _____

17. Is the position description questionnaire (PDQ) that you signed on _____ still accurate? _____ If "no," please explain what changes have occurred._____

I hereby certify that the information I provided on this questionnaire is true and correct to the best of my knowledge and belief.

By:_____
(Signature of incumbent)

Date:_____

Please give this questionnaire to the primary person to whom you provide confidential assistance for, who has responsibility to formulate, determine, and effectuate management policies in labor relations matters. That person should answer the question listed below and complete the certification.

TO BE COMPLETED BY THE PRIMARY PERSON INCUMBENT ASSISTS IN A CONFIDENTIAL CAPACITY

Primary Person's Name and Job Title:_____
Primary Person's Phone and Fax Numbers:_____
Primary Person's Work Address:_____
Primary Person's E-Mail Address:_____

I hereby certify that I have read the responses that _____ (incumbent's name) provided to the above questions. To the best of my knowledge and belief, he or she assists me and acts in a confidential capacity when I formulate, determine, and effectuate management policies in labor relations matters. The incumbent provides confidential assistance in the manner stated when the opportunity arises. Examples of my responsibility to formulate, determine, and effectuate management policies in labor relations matters include the following types of duties:_____

By:_____ _____
(Signature) *(Printed name)*

Date:_____

Please note: If you disagree with any of the information that the incumbent has provided, or if you wish to provide clarification or additional information, attach a separate piece of paper with that information and sign the certification below.

I hereby certify that I have read the responses that _____ (incumbent's name) provided to the above questions. To the best of my knowledge and belief, he or she assists me and acts in a confidential capacity when I formulate, determine, and effectuate management policies in labor relations matters. The incumbent provides confidential assistance in the manner stated when the opportunity arises, with the exceptions and/or explanations that are listed on a separate piece of paper. Examples of my responsibility to formulate, determine, and effectuate management policies in labor relations matters include the following types of duties:_____

By:_____ _____
(Signature) *(Printed name)*

Date:_____

confidentialquestionnairereg.doc
Adopted by ALRA board 6/1/2007

Revision Note 1/13/2010
Administrative change made to
form correcting mailing address.
(P.O. Box removed and zip code changed)

Revision Note 2/2/2016
Administrative change made to
form correcting mailing address.
(Move to 3301 Eagle Street)

**Revision Note* 11/8/2026
Administrative change made to form
indicating email submission is appropriate