GENERAL QUESTIONNAIRE REGARDING DUTIES

****

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:_____
(please indicate if different than mailing address) _____
Incumbent's Phone and Fax Numbers:_____
Incumbent's E-Mail Address:_____

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

INFORMATION FOR INCUMBENT

The _____ *(employer or union name)* is determining whether it intends to dispute the unit placement of your position by filing a unit clarification petition with the Alaska Labor Relations Agency. To assist with this determination, you must complete this questionnaire as completely and accurately as possible. If a petition is filed, the Agency requires this questionnaire to be filed with the petition. 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 DUTIES IN YOUR POSITION**. If you need additional space for 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 duties that is not addressed in the questionnaire, you may include that information on additional sheets of paper. A copy of your completed questionnaire will be given to representatives from the employer and any affected unions.

AS 23.40.090 provides that, "The labor relations agency shall decide in each case, in order to assure to employees the fullest freedom in exercising the rights guaranteed by AS 23.40.070 -- 23.40.260, the unit appropriate for the purposes of collective bargaining, based on such factors as community of interest, wages, hours, and other working conditions of the employees involved, the history of collective bargaining, and the desires of the employees. Bargaining units shall be as large as is reasonable, and unnecessary fragmenting shall be avoided."

If there is anything on this questionnaire that you do not understand or have questions about, or if there is any reason that you are unable to complete this questionnaire, please call the person who sent it to you, or the Alaska Labor Relations Agency. AFTER YOU HAVE COMPLETED THIS QUESTIONNAIRE, PLEASE GIVE IT TO YOUR DIRECT SUPERVISOR SO THAT YOUR SUPERVISOR CAN COMPLETE THE SUPERVISOR'S PART OF THE QUESTIONNAIRE.

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

TO BE COMPLETED BY INCUMBENT

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

2. How were you hired for your current position? Were you a new hire, or were you transferred from an existing position to this new position?_____

3. Where are you stationed to do the majority of your work? Do you work in a single location or in multiple locations? Please explain._____

4. Are there others stationed at this location? If so, please list the job classification(s) they occupy and their name(s). _____

5. How much contact do you have with others in similar job classifications? Is it hourly contact, daily contact, monthly contact, or no contact at all? Please list what those similar job classifications are and explain your interaction with them. _____

6. What are your hours and days of work? Are they similar to the hours and days

worked by others in your area? Please explain any differences.

7. Do you operate any equipment or vehicles that others operate? Do you share any of this equipment or vehicles with others? If so, list the type of equipment and/or vehicles shared and what job classifications the similarly situated employees hold.

8. Do you cover for any other employees in your work area? Does someone cover for you? If so, please explain who covers for whom and what job duties are covered.

9. Do you work on a crew/team or do you work independently? If you work on a crew/team, what positions are included in this crew.

10. Do you perform limited functions of another position's work? If so, please explain what the position classification is, those functions you perform, and the frequency with which they are performed.

11. Who assigns your work? (Please list the name(s) and job title(s).)

12. Are you dispatched along with other workers to specific job sites? If yes, Please explain.

13. Have you participated in any new hire training? If so, explain the type of training and if any other positions participated in this training with you. (i.e. safety or application training). Who gave this training?

14. Do you directly supervise any employees? If so, please explain what those positions

are, the name and job title of each subordinate that you supervise, and what your role as supervisor is. For example, have you hired, transferred, laid-off, recalled, disciplined, or participated in any grievance adjudication process? _____

15. Do you believe that your position should be in the unit, another unit, or excluded? Why? _____

16. In which unit do you prefer to be, or do you prefer to be excluded? Why, if different from the reasons listed above? _____

17. Do you believe that your co-workers consider you to be more like the other employees in your current unit, the proposed unit, or excluded employees? Circle one and explain the basis for your belief. _____

18. Do you attend management meetings and/or staff meetings that other employees in your area attend? Please describe the type of meetings and frequency of those meetings. If "no," explain why not. _____

19. Please explain in what ways, if any, your position is similar to or different from any similar positions that are included in the bargaining unit represented by the _____

20. Please explain in what ways, if any, your position is similar to or different from positions that are not included in the bargaining unit represented by _____

21. Do you receive the same benefits, such as leave, health insurance, and retirement benefits, as others in the unit, or are your benefits more similar to excluded employees? Please explain the key differences. _____

22. What is the history of your position in the bargaining unit? For example, has it always been included or excluded. _____

_____

_____

_____

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

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

Date: _____

TO BE COMPETED BY 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 supervises any employees.

By:_____ _____
(Signature of incumbent's supervisor) *(Printed name of incumbent's supervisor)*

Date:_____

Incumbent's Supervisor's Phone and Fax Numbers:_____
Incumbent's Supervisor's Work Address_____
Incumbent's Supervisor's E-Mail Address:_____

generalquestionnairereg.doc
Adopted by ALRA board 5/1/2007

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