QUESTIONNAIRE REGARDING SUPERVISORY 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 COMPETED BY PARTY SENDING THE QUESTIONAIRE

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 mailed or 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 / SUPERVISOR

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 SUPERVISORY 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 supervisory 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 supervisory duties you preformed in your previous position, if your position was upgraded recently and you had supervisory 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)(5), "supervisory employee" means an individual, regardless of job description or title, who has authority to act or to effectively recommend action in the interest of the public employer in any one of the following supervisory functions, if the exercise of that authority is not merely routine but requires the exercise of independent judgment:

(A) employing, including hiring, transferring, laying off, or recalling;
(B) discipline, including suspending, discharging, demoting, or issuing written warnings; or
(C) grievance adjudication, including responding to a first level grievance under a collective bargaining agreement;

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 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.

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
Phone (907) 269-4895 Fax (907) 269-4898
labor.relations@alaska.gov

If you no longer supervise any employees you do not need to complete this questionnaire. Instead, please complete the certification below, give it to your supervisor to sign, and return the first two pages of this questionnaire to the person who sent it to you.

I hereby certify that I no longer supervise any employees.

By: _____

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: _____ Date: _____
(Signature of incumbent's supervisor)

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

TO BE COMPLETED BY INCUMBENT

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

2. How many *(employer name)* _____ employees do you directly supervise? _____

3. List the name and job title of each subordinate that you supervise. _____

_____

_____

_____

_____

4. Do you supervise any employees who are not *(employer name)* _____ _____employees? _____ If "yes," please provide relevant details, such as the names of the employees and the employer, and the amount of authority that you have over these employees in the employing, disciplining, and grievance adjudication functions listed in 8 AAC 97.990(a)(5).

_____

_____

_____

_____

5. Do you supervise only full-time employees? _____

6. If you supervise employees who work less than full-time, such as part-time, seasonal, or temporary employees, please list the employees' names or position numbers, and the dates that each employee works during the year. Do not list any employees who are on loan from another section or unit for a set period of time in your answer to Part A._____

_____

_____

_____

_____

7. If you provide some supervision for employees who are on loan from another section or unit, please list their names or PCN's and provide details about your responsibility for employing, disciplining, or adjudicating grievances for these employees. _____

_____

_____

_____

_____

8. Is there ever a time of the year when you do not supervise any employees? _____ If "yes," please list the dates during the year that you do not perform any supervisory duties and explain what type of duties you perform when you do not supervise employees. _____

_____

_____

_____

_____

9. What authority do you have to hire, transfer, lay off, promote, and recall employees?

_____

_____

_____

10. When did you get this authority, who told you that you have this authority, and how do you know you have this authority? _____

_____

_____

_____

11. Do you have any written delegation of authority to perform duties in the employing function? _____ If "yes," please list the name of the document granting you that authority.

_____

Please attach a copy of any written delegation of authority to hire that you have been given, if it is different from the position description questionnaire that you signed on _____(date) or are attaching.

12. Have you hired any employees in your current position? _____

13. If you have hired one or more employees, list the employees' names and the approximate dates of hire. _____

_____

_____

_____

14. Explain in detail the steps that you took in hiring this (these) employee(s), answering at a minimum the following questions:

(A) Who decided that the vacant position(s) needed to be filled? _____

_____

(B) If the position needed to be reclassified, who made this decision and prepared the paperwork to be submitted for approval? _____

_____

(C) Were you required to obtain budgetary approval or another type of approval from a higher authority in order to fill the position(s)? _____
If " yes," list the person's name that approved the action, the person's position, and explain in detail the type of approval that the person gave. _____

_____

_____

_____

(D) Has a higher authority ever denied budgetary or other approval to fill a position after you made a request? _____ If yes, please list the name of the person who denied your request and explain the reason, if known, for the denial. _____

_____

(E) Did you make the hire(s) using the State register system, Workplace Alaska, or some other procedure? _____ If you listed "some other procedure," explain what that procedure is and how it works._____

(F) Who called for the register or determined the questions to be listed with Workplace Alaska?_____

(G) Who decided which applicants to interview?_____

(H) Who decided which questions to ask?_____

(I) Who decided how much weight to give the answers to each question? _____

(J) Who conducted the interviews?_____

(K) Who decided which candidate to hire?_____

(L) Who checked the applicant's references?_____

(M) Who offered the job to the successful candidate?_____

(N) Who was responsible to insure that the register was worked correctly or that the requirements were met for Workplace Alaska or other hiring procedures?_____

(O) Did you discuss which candidate to hire with your supervisor prior to making the job offer? _____ If "yes," why did you discuss the matter with your supervisor prior to making the job offer? _____

(P) How have you, or would you have, handled any disagreement with your supervisor over which candidate to hire? _____

(Q) Does your supervisor require you to get permission from him or her prior to making a job offer? _____ If "yes," please explain in detail what your role in hiring is and what your supervisor's role is. _____

(R) If you share supervisory responsibilities for a position with another supervisor, for such reasons as the position is jointly funded or placed in a pool of employees, explain in detail what your authority is over the position and what the other supervisor's authority is. _____

(S) If your authority is limited to recommending who to hire, transfer, promote, recall, or lay off, have you had any opportunity to make such a recommendation(s)? _____ If "yes," list the names of the employees for whom you have made such recommendations and provide information about whether your supervisor has followed your recommendation(s). _____

(T) If you have made recommendations in the employing function that your supervisor has not followed, please explain why your recommendations were not followed. _____

(U) If you have not had the opportunity to make a recommendation, how much weight do you believe your supervisor would give your recommendation?_____ Please explain the basis for your belief. _____

(V) Have you made any recommendations in other personnel matters that your supervisor has followed? _____ If "yes," explain what the recommendations were.

(W) If you have made recommendations in other personnel matters that your supervisor has not followed, explain what they were, and the reasons, if known, why your recommendations were not followed. _____

15. Have you had an opportunity to transfer an employee? _____ If "yes," list the name(s) of the transferred employee(s) and provide details about your involvement in and responsibility for the transfer. _____

16. Has there been a need to lay off a subordinate? _____ If "yes," list the name(s) of the employee(s) who were laid off and provide details about your responsibilities for the layoff(s).

_____

_____

_____

17. Did the *(employer name)*_____ provide a layoff list that established the order for layoff? _____ If "yes," what discretion, if any, did you exercise in determining which type of position could be eliminated from those that you supervise?

_____

_____

_____

18. Has there been a need to recall a subordinate? _____ If "yes," list the name(s) of the individual(s) who were recalled and provide details about your responsibilities for the recall.

_____

_____

_____

19. Has there been an opportunity to promote a subordinate? _____ If "yes," list the name(s) of the individual(s) who were promoted and provide details about your responsibilities for the promotion. _____

_____

_____

20. If you participated on a committee to hire, lay off, promote, transfer, or recall an employee, provide details about how the committee worked, answering at a minimum the following questions.

(A) Were you assigned by a superior to participate on a committee, or did you decide on your own to form a committee for the purpose of determining which applicant to hire, transfer, promote, lay off, or recall? If "assigned by a superior," please list the job title and name of the person who assigned you to the committee._____

_____

(B) If you were "assigned by a superior" as a committee member to hire, transfer, promote, lay off, or recall an employee, explain how the committee worked, **including information about who had the ultimate authority to make the decision if all of the committee members did not agree. Be sure to include information about your level of authority to decide what action to take.** _____

_____

_____

_____

(C) Who were the other committee members and what positions do they occupy? Please provide a phone number for the other committee members. _____

_____

_____

(D) If you acted on your own to form a committee to decide who to hire, transfer, lay off, promote, or recall, explain why you chose to proceed with a committee instead of making the decision by yourself. _____

(E) Did you establish a procedure before the committee met to determine how the decision would be made in case the committee members did not agree? If "yes," what was the procedure? _____

(F) If, on an actual committee you assembled, members failed to agree on the action to be taken, **how was the ultimate decision reached and who made it?** _____

(G) If, in a hypothetical situation, committee members failed to agree on the action to be taken, how would you have handled a disagreement if you had not established a procedure in advance to handle disagreements? Be sure to include information about who would have made the ultimate decision. _____

21. Have you hired, transferred, promoted, laid off, or recalled an employee under your supervision every time the opportunity arose? _____ If "no," explain why you did not take the action and provide information about who handled it for you. _____

DISCIPLINE FUNCTION

22. What level of authority do you have to discipline employees, including discharging, suspending, demoting, and issuing verbal or written warnings? _____

23. How do you know that you have this authority? _____

24. If not answered already in number 21, who told you that you have the authority that you listed in the discipline functions? _____

25. Do you have any written delegation of authority to perform duties in the discipline function? _____ If "yes," please attach a copy of any written delegation of authority to discipline that you have been given, **if** it is different from the position description questionnaire that you signed on_____.

26. Has there been a need to discipline a *(employer name)* _____ employee that you supervise?_____ If your answer is "yes," without naming the employee, describe the nature of the problem, the steps that you took to decide what kind of discipline was appropriate, the type of discipline that you imposed, and the approximate date that the action took place. _____

_____

_____

_____

_____

27. Did you consult anyone else prior to imposing discipline?_____ If "yes," who was (were) the individual(s) you consulted and why did you decide to consult this (these) individual(s)?_____

_____

_____

28. What advice did you receive from the individual(s) that you consulted? _____

_____

_____

_____.

29. Did you follow the advice given? _____ Why or why not? _____

_____

_____

_____

30. Who decided what level of discipline to impose? _____

_____

_____

31. Have you imposed discipline on employees under your supervision each time the need arose, or has someone else handled the matter for you? _____ If "no," explain why you did not take the action and provide information about who handled it for you. _____

_____

_____

_____

32. If there has not been a need to discipline an employee that you supervise, give an example of both a minor and major discipline matter and explain how you would handle each one.

_____

_____

_____

33. If your authority is limited to recommending discharge, and you have not had the opportunity to make such a recommendation, on a scale of 1 to 10, with 10 being the greatest amount

of weight, how much weight do you believe your supervisor would give your recommendation? _____ Why do you feel this way? _____

34. If your authority is limited to recommending that an employee be suspended, and you have not had the opportunity to make such a recommendation, on a scale of 1 to 10, with 10 being the greatest amount of weight, how much weight do you believe your supervisor would give your recommendation? _____ Why do you feel this way? _____

35. Has your supervisor placed any limitation on the number of days for which you can suspend an employee? _____ If "yes," what is the maximum number of days that you can suspend an employee? _____ If a suspension were to be in excess of the number of days you listed, who would handle it? _____

36. If your authority is limited to recommending that an employee be demoted, and you have not had the opportunity to make such a recommendation, on a scale of 1 to 10, with 10 being the greatest amount of weight, how much weight do you believe your supervisor would give your recommendation? _____ Why do you feel this way? _____

37. If your authority is limited to recommending that a written warning be issued, and you have not had the opportunity to make such a recommendation, on a scale of 1 to 10, with 10 being the greatest amount of weight, how much weight do you believe your supervisor would give your recommendation? _____ Why do you feel this way? _____

GRIEVANCE ADJUDICATION FUNCTION

38. What level of authority do you have to adjudicate grievances filed by your subordinates? _____

39. In what bargaining unit(s) are your subordinates? _____

40. How do you know that you have this authority? _____ _____ If someone told you that you have the authority, please list that person's name and job title. _____ _____

41. Have any grievances been filed by your subordinates? _____ If "yes," please describe any action that you took to resolve the grievance, or if you did not resolve the grievance, explain why you did not resolve it._____ _____ _____ _____

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

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

44. Which bargaining unit do you prefer to be in? _____ Why, if different from the reasons listed in number 40? _____ _____ _____ _____ _____

45. Do you believe that your subordinates consider you to be more like management or more like them? _____ Please explain the basis for your belief. ___ _____ _____ _____

46. Do you attend management meetings and/or staff meetings that other supervisory employees in your area attend? _____ If "no," explain why not. _____ _____ _____

47. If you are a State employee, do you know how long your position has been in the general government unit or supervisory 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?_____ _____ _____

48. 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 have provided on this questionnaire is true and correct to the best of my knowledge and belief.

By:_____
(Signature of incumbent)

Date:_____

TO BE COMPLETED BY INCUMBENT'S SUPERVISOR

Incumbent's Supervisor's Name:_____
Incumbent's Supervisor's Title:_____
Incumbent's Supervisor's Phone and Fax Numbers:_____
Incumbent's Supervisor's Work Address_____
Incumbent's Supervisor'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, _____ _____ (name of incumbent) has the supervisory authority that he or she listed and exercises it in the manner stated when the opportunity arises.

By: _____
(Signature of incumbent's supervisor)

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, _____ _____ (name of incumbent) has the supervisory authority that he or she listed and exercises it in the manner stated when the opportunity arises, with the exceptions and/or explanations that I have listed on the attached paper.

By: _____
(Signature of incumbent's supervisor)

Date:_____