

**COMMONWEALTH OF MASSACHUSETTS
HUMAN RESOURCES DIVISION
MANAGEMENT QUESTIONNAIRE (MQ)**

To be completed by incumbent and supervisor

Agency: _____

Your Name: _____

Your Official Title: _____

Supervisor's Name: _____

Your Supervisor's Title: _____

Your Signature: _____

Your Supervisor's Signature: _____

Date: _____

Date: _____

The effective date of the new evaluation will be the Sunday preceding the date that HRD receives notification of the evaluation.

To be completed by Agency HR Department:

Maintenance RequestK_____

Individual Appeal RequestK_____

Appropriation Number: _____

Position Number: _____

Functional Title: _____

Current Management Grade Level: _____

Requested Grade Level: _____

Contact Person: _____

Telephone: _____

E-mail address: _____

M.G.L. c. 150E:

Please certify that this function meets the definition of a managerial employee, as defined by M.G.L. c. 150E, by selecting the relevant criteria:

Position participates to a substantial degree in formulating or determining policy

Position assists to a substantial degree in the preparation for or the conduct of collective bargaining on behalf of a public employer

Position has a substantial responsibility involving the exercise of independent judgment of an appellate responsibility not initially in effect in the administration of a collective bargaining agreement or in personnel administration

The job duties related to the M.G.L. c. 150E certification are to be reflected within Section 2: "Major Responsibilities Area".

1. POSITION SUMMARY

Provide a brief overview of the primary responsibilities of this position. Describe how the role supports and contributes to the overall mission and goals of the agency.

2. MAJOR RESPONSIBILITY AREAS

List key job responsibilities in order of importance, starting with the most critical. For each job responsibility, provide a brief description and indicate the approximate percentage of time spent on each task. The total must equal 100%.

Key Job Responsibilities

Percentage of Time

1.

2.

3.

4.

5.

6. Other duties, as assigned.

3. PRINCIPAL PROBLEMS AND CHALLENGES

Identify the most complex or difficult problems this role encounters. Focus on the key challenges that are critical to successfully carrying out the major responsibilities listed in Section 2. Be specific and provide examples where possible.

4. DECISION MAKING AUTHORITY

Outline the types of decisions required in this role.

INDEPENDENT DECISIONS

RECOMMENDATIONS PROVIDED

DECISIONS DELEGATED TO STAFF

5. SUPERVISION EXERCISED

List the titles and primary functions of direct reports. Include the number of employees within each direct report's unit.

Titles	Function	No. of Employees
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6. DIRECTION, GUIDANCE AND SUPPORT RECEIVED

Describe the type of direction, guidance, and support provided by others within the organization to support achievement of role objectives. Identify any positions (other than the direct supervisor) that functionally review the quality of work performed and explain the nature and scope of the review.

7. WORKING RELATIONSHIPS

Identify the titles of individuals, department, or organizations with which this position has the most frequent or significant contact, including both internal and external contacts. Briefly describe the purpose or nature of each interaction.

8. SERVICE DELIVERY

Describe the nature of interactions with clients, patients, inmates, residents, constituents, or members of the general public. Include a general description of the physical, emotional, or psychosocial conditions of the individuals served through this role.

9. DIMENSIONS

Provide significant statistical data that reflects the scope and scale of this position's impact. Use current fiscal year figures.

Annual Agency/Department Budget: \$ FY:

Annual Budget Dollars You Directly Manage:
\$ Explain:

Annual Budget Dollars You Indirectly Manage: \$

Check block(s) and show total dollar amounts for each applicable category:

☐ Flow Through Program Dollars: \$
Explain:

☐ Dollars Regulated: \$
Explain:

☐ Benefits Disbursed: \$
Explain:

☐ Other: \$
Explain:

*Staff salaries

10. PREFERRED QUALIFICATIONS

A. Knowledge, Skills and Abilities

Identify the essential knowledge, skills and abilities required to perform the responsibilities of this position at a minimally acceptable level of competence.

B. Experience Necessary

Specify the minimum relevant experience and/or education necessary for effective performance in this role. Include any mandatory certifications, licenses, or other qualifications that must be held at the time of hire.

11. ADDITIONAL INFORMATION

Provide any relevant details about the position not addressed in previous sections that are important for a full understanding of its scope and responsibilities.

12. FOR SUPERVISOR

Are the statements in response to all questions complete and accurate?

☐

YES

☐

NO

If no, please explain.

Supervisor's signature: _____

Date: _____

Human Resources Division – July 2025