

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

To be used for: a new managerial function; a managerial position that has never been evaluated; a managerial position for which there is no previous MQ or evaluation score; or, a managerial position which has undergone considerable significant change.

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 Request _____

Individual Appeal Request _____

Appropriation Number: _____

Position Number: _____

Functional Title: _____

Current Management Grade Level: _____

Requested Grade Level: _____

Contact Person: _____

Telephone: _____

E-mail address: _____

Fax _____

To be completed by HRD for Agency Heads and their Direct Reports:

Date Received: _____

Evaluation Date: _____

1. POSITION SUMMARY

Briefly summarize what you do and describe how what you do contributes to your agency's

2. MAJOR RESPONSIBILITY AREAS

In the boxes below, **in order of importance**, (most important first) list brief statements which describe what you do. In the right-hand column, list the percentage of your time spent on these tasks. (Total percentage should equal 100%.)

What do you do?

Percentage of Time

1.

2.

3.

4.

5.

6. Other duties, as assigned.

3. PRINCIPAL PROBLEMS AND CHALLENGES

Describe the most difficult or complex problems and the major challenges you face in performing your job. Describe only those which are the most critical to fulfilling the major responsibilities noted in Section 2. (Give specific examples).

4. DECISION MAKING AUTHORITY

Please give examples of decisions you are expected to make, recommendations you are expected to propose and decisions/recommendations that you delegate to your staff.

DECISIONS YOU MAKE

RECOMMENDATIONS YOU PROPOSE

DECISIONS THAT YOU DELEGATE TO STAFF

5. SUPERVISION EXERCISED

Please list the titles and functions of your direct reporting staff. List the number of employees in each of your reporting staff's units.

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

What is the nature of the direction, guidance and support which others in the organization provide you to ensure the achievement of your objectives? What positions (other than your direct supervisor) functionally review the quality of work you perform and what is the nature of that review?

7. WORKING RELATIONSHIPS

List the titles of individuals, departments and organizations over which you have functional supervision, or, with which you have the most frequent contact. Include contacts both inside and outside the agency. Briefly describe the nature or purpose of these contacts.

8. SERVICE DELIVERY

Please describe the nature of your contacts with clients, patients, inmates, residents, constituents or the general public. Please describe the general physical and psycho-social condition of those individual for whom you provide services

9. DIMENSIONS

List all significant statistical data that will provide an indication of the size of the area upon which your position has impact. Use annual figures for current fiscal year.

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

Describe the critical and typical knowledge, skills and abilities you believe are necessary to perform this job at a minimally acceptable level of competence.

B. Experience Necessary

If you were selecting a person to fill this position, what minimum background (experience and/or education) do you believe would be required? Also list any special requirements such as licenses or certificates that incumbents would have to possess at the time of hire.

11. ADDITIONAL INFORMATION

Briefly, explain any aspect of your position which you feel has not been adequately covered by the previous questions and which you feel is important in understanding your position (use additional paper if necessary). Please attach any work products that you feel are particularly illustrative of your duties and responsibilities

12. FOR SUPERVISOR

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

YES

NO

If no, please explain.

Supervisor's signature: _____

Date: _____