



***Division of Personnel***  
**Job Content Questionnaire (JCQ)**  
**(Individual)**

**Welcome to the new Job Content Questionnaire (JCQ) form. This form was designed as part of the PLANS project. PLANS is the project we are conducting to update and modernize our Classification and Compensation Plan. We are collaborating on this project with the HayGroup®, a global management consulting firm specializing in human resource consulting services. The key objectives of this project are (1) to ensure that our Classification Plan accurately organizes and describes the jobs in State government; and (2) to ensure that our Compensation Plan is internally fair and externally competitive.**

**We are collecting job content information from all classified and classified-exempt employees in the Executive Branch of State government to make sure our Classification Plan is accurate and up to date. Your participation in this part of the project is critical. As you go through this Job Content Questionnaire (JCQ), please think about the duties and responsibilities of your position and answer the questions completely and accurately. The information you provide will be the basis for determining how your position fits within our updated Classification Plan.**

**Thank you for your time and cooperation in this important project. Please visit our project website [www.PLANS.wv.gov](http://www.PLANS.wv.gov) for more information or to check on our progress.**



## GENERAL INFORMATION

1. The preferred method of data collection is through the **electronic** data collection system in which the employee, supervisor and agency designee complete all parts electronically.
2. Employees should **only** complete a paper JCQ if they do **not** have access to a computer and the internet at work.
3. **All** JCQs **must** be completed during the PLANS project data collection period.
4. You are **required** to check with your agency for any internal timelines you must follow.
5. Please write **legibly** and use **blue ink**.
6. When completing the JCQ, it is recommended that you use the supplemental instructional guide on how to complete a JCQ, which is available at [www.plans.wv.gov](http://www.plans.wv.gov). It may answer many of your questions on how to respond to items on the JCQ.
7. You are encouraged to make a copy of the JCQ for your records, but any such copy is a convenience copy and is **not** the official submitted JCQ. The official submitted JCQ is the original document containing original signatures that is submitted to the WV Division of Personnel.
8. You may contact the Division of Personnel with any questions regarding this project by phone at (304) 558-3950 extension 57239 (leave a message) or by email at [DOP.PLANS@wv.gov](mailto:DOP.PLANS@wv.gov).

## EMPLOYEE INSTRUCTIONS

1. Please complete the JCQ in your own words. You may receive assistance from your supervisor and/or other employees performing the same duties as you.
2. Complete the JCQ based upon your **permanently assigned duties**. Do not include duties assigned as part of a temporary upgrade.
3. After completing the JCQ, be sure to sign, date, and make a copy of the completed form for your records.
4. Forward your completed JCQ to your immediate supervisor.

## IMMEDIATE SUPERVISOR INSTRUCTIONS

1. If your employee has completed a paper JCQ, you must complete your review on the same paper JCQ.
2. After receiving the employee's completed JCQ, carefully review the document for accuracy and completeness. You may **not** change any information the employee has provided.
3. Provide any additional information or clarification in the **Supervisor Review Section** of the JCQ.
4. Complete the **Supervisor Review Section** with information based upon the **permanently assigned duties** of the position. Do not include duties assigned as part of a temporary upgrade. Indicate any duties listed that are of a temporary nature in the "General Comments" area of the **Supervisor Review Section**.
5. Sign and date the form upon completion, and make a copy for your records.
6. Forward the document to your agency's Data Entry Designee. If you do not know who your Data Entry Designee is, please ask your Agency Human Resources representative. If your agency does not have a Data Entry Designee, forward the document to your Agency Human Resources representative.

## DATA ENTRY DESIGNEE INSTRUCTIONS

1. After receiving a completed JCQ, go to the PLANS project website at [www.plans.wv.gov](http://www.plans.wv.gov). It contains information on how to access and log in to the PLANS data collection site.
2. When asked the purpose of your session, choose "Data Entry for group or individual paper JCQ". Then select "Individual Paper JCQ".
3. Follow the directions provided on the site and enter the information provided in the Employee and Supervisor Sections of the paper JCQ into the electronic form. Do **not** change any information that has been provided by the employee and supervisor.
4. After entering the form electronically, forward the paper JCQ to your Agency Human Resources representative.

## AGENCY HUMAN RESOURCE/AGENCY DESIGNEE INSTRUCTIONS

Depending on whether or not your agency has a Data Entry Designee, use one of the two options below to review and submit this JCQ.

### **OPTION A – If your agency has a Data Entry Designee (\*\*PREFERRED OPTION\*\*):**

1. If your agency **has** a Data Entry Designee, you **MUST** complete your review of this JCQ **electronically** after it has been entered into the system by the Data Entry Designee.
2. To begin your review, go to the PLANS project website at [www.plans.wv.gov](http://www.plans.wv.gov). It contains information on how to access and log in to the PLANS data collection site.
3. When asked the purpose of your session, choose “Agency”. Then select “Agency approve a submitted JCQ”.
4. Complete your review by following the directions provided online.
5. After receiving a completed JCQ, carefully review the document for accuracy and completeness. You may **not** change any information the employee or supervisor provided.
6. Complete the **Agency Human Resources/Agency Designee Approval Section** based on the **permanently assigned duties** of the position. Do not include duties assigned as part of a temporary upgrade. Indicate any duties listed by the employee that are of a temporary nature in the **Agency Human Resources/Agency Designee Approval Section**.
7. Provide any additional information or clarification in the **Agency Human Resources/Agency Designee Approval Section** of the JCQ.
8. Upon completion, sign and date the JCQ electronically, and print a copy for your records.
9. Mail this **original** paper JCQ, containing all **original signatures**, to:

Division of Personnel  
Classification and Compensation Section  
Capitol Complex, Building 6 Room 404  
Charleston, WV 25305

### **OPTION B – If your agency does not have a Data Entry Designee:**

1. If your agency does **not** have a Data Entry Designee, complete your review of this JCQ on this paper document.
2. After receiving a completed JCQ, carefully review the document for accuracy and completeness. You may **not** change any information the employee or supervisor provided.
3. Complete the **Agency Human Resources/Agency Designee Approval Section** based on the **permanently assigned duties** of the position. Do not include duties assigned as part of a temporary upgrade. Indicate any duties listed by the employee that are of a temporary nature in the **Agency Human Resources/Agency Designee Approval Section**.
4. Provide any additional information or clarification in the **Agency Human Resources/Agency Designee Approval Section** of this paper JCQ.
5. Sign and date the JCQ upon completion, and make a copy for your records.
6. Mail this **original** paper JCQ, containing all **original signatures**, to:

Division of Personnel  
Classification and Compensation Section  
Capitol Complex, Building 6 Room 404  
Charleston, WV 25305

# EMPLOYEE SECTION

**Complete this form in its entirety and do not leave sections blank unless they are not applicable to your position!**

Please complete the JCQ in your own words. You may receive assistance from your supervisor and/or other employees performing the same duties as you.

## PART 1 - PERSONAL DATA

<b>1. Employee Name (Last, First, MI)</b>	<b>2. Last 4 digits of SSN</b>
<b>3. Unique Identification Number</b>	<b>4. Current Job Classification</b> Social Worker
<b>5. Agency Name</b>	<b>6. Status (Classified/Classified-Exempt)</b>
<b>7. Immediate Supervisor Name</b>	<b>8. Immediate Supervisor Job Classification</b>
<b>9. Next Level Supervisor Name</b>	<b>10. Next Level Supervisor Job Classification</b>

## PART 2 – PURPOSE OF YOUR POSITION

**Write a brief statement describing the purpose of your job.**

Develop, evaluate, and monitor service plans for child abuse and/or neglect cases; provide counseling and/or collaborate with community resources to provide services; and advocate for the needs of children and their families to protect the safety and security of children throughout the State.

## PART 3 - IMPORTANT AND ESSENTIAL DUTIES

### In your own words:

- Describe the major duties you perform, starting with the most important.
- Describe your job duties as they exist now. Tell us what you are actually doing in the job.
- Please be objective and accurate. Try not to understate or inflate the job. Do not copy language from the class specifications.
- Base your responses on the **typical** duties and responsibilities of the job under **normal** conditions, not under unusual circumstances.
- Complete this section using only permanently assigned duties. Do not include duties assigned as part of a temporary upgrade.
- Use the frequency codes below to indicate how often you perform each duty.  
(D) Daily, (W) Weekly, (B) Bi-Weekly, (M) Monthly, (Q) Quarterly, (S) Semi-Annually, (Y) Yearly
- Approximate Percentage of Time: Give your best estimate of the approximate percent of time that each duty represents. Use less than 5%, then 5% increments (5%, 10%, 15%, etc.) up to 100%.

### Writing Duty Statements:

Duty statements should focus on primary, current, and usual duties and responsibilities of the position. Related or similar duties should be combined and written as one statement. Most jobs have between six and eight (6-8) major categories of responsibility.

Duty statements typically contain three parts: the *Verb*, the *Object*, and a *Purpose*.

### Example:

Verb	Object	Purpose
Collects	financial data	to evaluate budget requests.
Example statement: I collect financial data to evaluate budget requests.		
Compiles	statistical data	for distribution to administrators.
Example statement: I compile statistical data for distribution to administrators.		
Drives	truck	to deliver fuel to various job sites.
Example statement: I drive a truck carrying motor fuel to various job sites.		

**Describe your major duties here. You must include at least one duty statement:**

Duty	Important and Essential Duties	Frequency Code	Approx. % of time
1	Review allegations received from the public or mandated reporters regarding child abuse and/or neglect and determine whether reports reach the threshold of a reportable condition in order to take the appropriate action.	W	25%
2	Assess physical and emotional risk to the child throughout the duration of the case or in response to a reportable condition. Conduct home visits to observe and interview the family and/or child. Obtain information through interviews of others involved with the family and child (e.g., extended family members, school officials, doctors, churches, therapists, etc.) to determine needs and to ensure the safety and security of the child.	M	20%
3	Respond to emergencies and initiate emergency court action and/or issue a finding that either supports or finds unsupported claims of abuse and/or neglect.	M	10%
4	Create and maintain a service plan throughout the duration of a case focused on the goals of the child, including identifying and leveraging the strengths of the family; referring needed services; and monitoring the efficacy of all service providers to achieve the family and/or child's goals and stabilize the family.	W	20%
5	Transport child when in the State's custody to school, appointments, etc. to maintain the daily needs of the child; schedule and transport the child to supervised visits with the family to ensure family contact and to observe the commitment of the parent and interactions among the family.	W	10%

Duty	Important and Essential Duties	Frequency Code	Approx. % of time
6	Document and update, using agency databases, all relevant activities, actions taken, and contacts involved with a case to provide a legal record, to keep case status current for others' reference, and to track the progress of family and child.	D	15%
7			
8			
9			
10			

## PART 4 – GENERAL INFORMATION

### PRINCIPAL CHALLENGES

- 1. Identify the most difficult problem(s) you are required to solve in order to accomplish your job.**

Managing multiple cases and the priority within those cases

Dealing with a variety of situations that range in emotional intensity

Variability of work - don't know what is likely to be encountered on a day to day basis

- 2. Describe the most complex duty(ies) you are required to perform in order to accomplish your job.**

RISK ASSESSMENT - Contacting individuals that know and work with the family and meet with family members to determine level of risk, family functioning, and ongoing needs

### AUTHORITY AND RESPONSIBILITY

- 1. What typical decisions does this position have total authority to make?**

Prioritize assigned caseload and schedule related meetings

Advise clients regarding the course of action for cases, including services needed and creation and revision of goals

Make appropriate referrals based on determined needs of the child

Decide what information is most relevant and should be represented in case documentation

- 2. What typical decisions does this position recommend to others for action?**

Budgetary decisions

Mediation and final decisions concerning high risk or high profile cases

- 3. Who reviews or checks your work?**

Lead Social Worker

- 4. When is your work reviewed?**

Frequently through informal verbal communications of progress with Lead Social Worker and formally through written reports as requested or as cases are closed

## KEY CONTACTS

Often employees must go to sources to accomplish such tasks as gathering information, obtaining advice, or ensuring coordination. These sources are considered key contacts and can occur inside or outside the organization. Contacts may be individuals (by title), or groups (task force, committees, etc.).

### Example:

Key Contact	Purpose	Frequency
Agency CFO	Analyze department expenditures	M
Federal Government, Grants Management	Obtain updates on grant requirements and report budget progress	Y
Regional Manager	Review desk log activity	W

- Please list the most significant work-related contacts that this position makes within or outside of the agency. Please list the purpose and frequency of such contact. Do **not** list the supervisor or subordinates for this position as key contacts.
- Use the following frequency codes to indicate how often the contact occurs: (D) Daily, (W) Weekly, (B) Bi-Weekly, (M) Monthly, (Q) Quarterly, (S) Semi-Annually, (Y) Yearly

Key Contact	Purpose	Frequency
Children and families	Obtain information, create a service plan, monitor progress, and change serves as required	D
Agency management, specialists, and staff	Collaboration and obtain or provide information	W
Legal/court officials	Testify in court or provide legal documents, as requested or needed, updating officials regarding the status of the case to inform legal decisions concerning the safety and security of the child	Q
Members involved with children and families (e.g., medical/mental health professionals, foster parents, schools, probation officers/police, day care providers, etc.)	Obtain information and monitor child well-being and progress	M

## FINANCIAL RESPONSIBILITIES

Mark the box for each function that applies to your position (check all that apply).

A	X	Not Applicable – no financial responsibilities
B		Budgets – responsible for setting and controlling a budget
C		Budgets – has input into setting a budget
D		Budgets – responsible for staying within an assigned budget
E		Grants – research/application
F		Grants – management
G		Purchase Order Authorization
H		P-Card Coordinator
I		P-Card User
J		Other (Describe): _____

Mark each dollar amount below with the letter of the corresponding responsibility you indicated above (A, B, C, etc.). You must mark a dollar amount for any financial responsibility you indicated above (other than “Not Applicable”).

For example, if you are responsible for staying within an assigned budget of \$600,000 annually, you would place a “D” in the blank next to “\$500,001 to \$1,000,000 annually”. You may place more than one letter in one blank if needed to accurately reflect your financial responsibilities.

	up to \$1,000 annually		\$250,001 to \$500,000 annually
	\$1,001 to \$5,000 annually		\$500,001 to \$1,000,000 annually
	\$5,001 to \$10,000 annually		\$1,000,001 to \$5,000,000 annually
	\$10,001 to \$50,000 annually		\$5,000,001 to 10,000,000 annually
	\$50,001 to \$100,000 annually		over \$10,000,000 annually
	\$100,001 to \$250,000 annually		

## PART 5 - JOB-RELATED QUALIFICATIONS

### KNOWLEDGE, SKILLS AND ABILITIES

List the Knowledge, Skills, and Abilities that are needed to perform the job duties listed in Part 3 of this JCQ. You must provide at least three (3) Knowledge, Skill and Ability statements.

Knowledge - Refers to information, facts, and procedures.

Skills - Often involve manual operations or tasks that require repeated practice, precision, or speed (examples: typing, machine operations, and public speaking).

Ability – Capacity to perform an action or task (examples include interpretation, analysis, and communication).

#### ESSENTIAL KNOWLEDGE, SKILL AND ABILITY STATEMENTS

**1** Knowledge of family dynamics and human behavior

**2** Ability to use a computer to type and perform basic computer tasks

**3** Ability to communicate effectively, both verbally and in writing, to appropriately document case activities and represent the agency in a professional manner

**4** Ability to multi-task and prioritize responsibilities

**5** Ability to interact effectively with and establish rapport with diverse teams and groups of people

**6** Ability to gather information through questioning and observing individuals and by examining records and documents

**7** Ability to exercise discretion in handling confidential information

**8** Ability to maintain a calm manner and interact appropriately with others in stressful and emergency situations

**9** Ability to exercise sound judgment to ensure safety of self and others in the field

**10**

## PART 6 – WORKING CONDITIONS

Indicate how often this position is exposed to or working under the conditions listed below.

Mark the appropriate column below with an “X” (Choose one for each row).

Working Condition	Not Applicable	Infrequent (less than 2 hours daily)	Frequent (2-6 hours daily)	Continuous (6-8 hours daily)
Sitting			X	
Standing			X	
Walking			X	
Reaching		X		
Lifting (specific max weight in pounds) <u>40lbs</u>		X		
Bending	X			
Climbing	X			
Dust		X		
Odors, Fumes (describe)	X			
Extreme temperatures (describe)	X			
Extreme noise (describe)	X			
Exposure to mechanical, electrical, chemical, biological, or physical factors			X	
Outdoor weather conditions			X	
Unusual mental stress (describe)  Emotional stress and under time pressures, often in confrontational or adversarial environments. Exposed to verbal and/or physical confrontations			X	
Required travel			X	
Other (describe)	X			

## PART 7 – EDUCATION & EXPERIENCE

### EDUCATION

What **MINIMUM** level of education do you think is necessary for a worker to perform the duties of your job?

Mark your response to the question below with an “X” in the column on the right (**choose only one**).

Education	Required
Read and Write/No specific requirements	
High School Diploma or equivalent (G.E.D.)	
Supplemental training (vocational or completion of some college courses)	
Formal specialized training (Associate Degree, Apprenticeship, Technician)	
Bachelor Degree	X
Master Degree	
Doctorate Degree	
Other Professional Degrees (describe) _____	

### EXPERIENCE

How much experience doing the same or similar work should be **REQUIRED** of new employees to perform this job?

Mark your response to the question below with an “X” in the column on the right (**choose only one**).

Experience	Required
Less than 1 year	
1 year	X
2-3 years	
4-5 years	
6-7 years	
More than 8 years	

## LICENSE / CERTIFICATION / REGISTRATION

List any licenses, registrations, or certifications you think should be required or preferred for this position.		
License/Certification/Registration	Required	Preferred
A current and valid license in Social Work	X	
Valid Motor Vehicle Driver's License	X	

## PART 8 – SUPERVISORY DUTIES

Do you supervise or act as lead worker of any employees?

Mark the appropriate box below with an "X".

YES (even if occasionally): CONTINUE with Part 9		NO: SKIP Part 9 - proceed to Part 10 on Page 16	X
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## PART 9 – SUPERVISORY DUTY QUESTIONS

Mark the definition that best describes the type of supervision you exercise. Choose only one and mark the appropriate box below with an "X".

	<u>Direct Supervision</u> - You are responsible for the administration of line personnel functions including employee selection, discipline, and formal performance evaluations.
	<u>Lead Worker</u> - You are responsible for assigning, scheduling, coordinating, organizing, and directing work activities.

Select the frequency that best fits the majority of your time. Choose only one and mark the appropriate box below with an "X."

Daily		As Needed	
Weekly		Project Basis Only	
Monthly		In Supervisor's Absence	

Indicate the number of employees you supervise in each category below. You must enter a number for at least one category of employees.

Full-Time Employees		Seasonal/Temporary Employees	
Part-Time Employees		Volunteers	

List the number and job classification titles of the employees you supervise. You must enter at least one classification title and corresponding number of employees.  
(Example: Accounting Technician 3 – 4 employees)

Job Classification Title	Number of Employees in Classification

What is the nature of your supervisory duties? Choose one for each function and mark the appropriate box below with an "X".

FUNCTION	RESPONSIBILITY			
	Not Applicable	Provide Input	Recommend	Approve
Hire Employees				
Promote Employees				
Performance Appraisals				
Discipline Employees				
Train Employees				
Authorize Leave				
Establish and/or revise unit procedures				
Establish and/or revise unit policy				
Assign work to others				
Distribute work to others				
Review work of others				
Terminate Employees				

## PART 10- ADDITIONAL COMMENTS

Please provide any additional comments that may help clarify the duties and responsibilities of your position. Include any specific issues associated with your job duties that you do not think were adequately captured on this form.

I have no additional comments.

## EMPLOYEE SIGNATURE

By signing this document I certify that all the information provided in this JCQ is true and complete to the best of my knowledge. I understand that providing any false information may be grounds for disciplinary action. I further certify that I am the individual who personally supplied the information in the employee portion of this JCQ.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
Phone Number

When you are finished, please make a copy of this JCQ for your records and then forward the JCQ to your immediate supervisor.

## **SUPERVISOR REVIEW SECTION**

**Do NOT leave any questions in this section blank!**

Carefully review the completed employee Job Content Questionnaire to be sure it gives a complete and accurate picture of the position responsibilities, job requirements, and working conditions.

**Do you agree that the employee's questionnaire provides a complete and accurate description of the job?**

**Mark the appropriate box below with an "X".**

Yes \_\_\_\_\_

NO \_\_\_\_\_

**If NO, provide a detailed explanation.**

**In your words, what is the primary function or purpose of this position in relation to the mission, goals and objectives of the agency?**

**What do you consider this position's most important responsibility or performance result?**

**Other general comments related to this position.**

### **SUPERVISOR SIGNATURE**

**By signing this document, I certify that all the information provided in this JCQ is true and complete to the best of my knowledge. I understand that providing any false information may be grounds for disciplinary action. I further certify that I am the individual who personally supplied the information in the Supervisor's portion of this JCQ.**

**Print Your Name** \_\_\_\_\_

\_\_\_\_\_  
**Supervisor's Signature**

\_\_\_\_\_  
**Time**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Email Address**

\_\_\_\_\_  
**Phone Number**

**When you have completed your review, please make a copy of the completed JCQ for your records and then forward this JCQ to the Data Entry Designee for your agency. If you do not know who this is and/or how to reach them, please contact your Agency Human Resources representative for that information. If your agency does not have a Data Entry Designee, forward this JCQ to your Agency Human Resources representative.**

