

## DEPARTMENT OF ADMINISTRATION POSITION DESCRIPTION QUESTIONNAIRE

### I. IDENTIFICATION

Official Position Title: <u>Administrative Aide</u>	Official Position No.: _____
Job Location: <u>Department of Chamorro Affairs</u> <u>Guam Public Library System -</u> <u>Administrative Support Unit</u> (Department/Agency) (Division) (Section/Unit)	
Name: _____	
Last	First
Middle Initial	
Pay Grade: <u>G</u> <input type="checkbox"/> Classified <input type="checkbox"/> Unclassified <input checked="" type="checkbox"/> Position Vacant	
Supervisor: _____	_____
(Name of Direct Supervisor)	Title of Supervisor

### II. DESCRIPTION OF DUTIES

Duty NO. or % of Time	<p><b>ESSENTIAL FUNCTIONS:</b> Organize and list duties and responsibilities that <b>MUST</b> be performed. List duties in one of the formats below.</p> <p>(1) The daily work assignments, beginning with the first duty and ending with the last duty for the day.</p> <p>(2) Percentage of time and show % for each (total % equals 100%).</p> <p>(3) Order of importance, beginning with the most important.</p> <p>Mark (✓ or X) one format only: <input type="checkbox"/> (1), <input checked="" type="checkbox"/> (2), <input checked="" type="checkbox"/> (3)</p>
<b>55%</b>	<p><b>Clerical:</b></p> <p>Assists in receiving and reviews incoming mail and input into computer for data referral; routes mail to proper division or individual; process outgoing mail/documents and assist runner or person assigned doing errands ensuring documents are acknowledged by proper department; follow up documents as assigned by Director or Supervisor, for example, documents that require Governor's signature for Department.</p> <p>Assists in processing all out-going documents both on-island and off-island.</p> <p>Assists in setting up and maintaining standard office files and records; takes inventories and orders office supplies; processes requisitions, personnel and other records and forms; relieves supervisor of clerical details on minor administrative matters.</p> <p>Answers phone calls; receives/greets visitors and complaints; answers inquiries and determines problems; assigns to appropriate division within department or to individual to resolve problem or complaints; and provides general information about the department.</p> <p>Types reports, correspondences, and other materials involving considerable use of judgment as to form, arrangement, and spacing.</p> <p>Assists in scheduling appointments and meetings and maintains appointment calendar for Supervisor.</p> <p>Drafts and prepares in final form a variety of correspondences, reports, and other materials, and as directed by Director or Supervisor.</p> <p>Assists in the coordination of library events including preparation of media releases for said events such as the National Library Week, Summer Reading Program, etc.</p> <p>In the absence of the Secretary, the employee will fill in and carry out any and all assignments, projects, etc.</p> <p>Takes care of various details so that the supervisor may make maximum effective use of time without unnecessary delay or interruption</p> <p>Collects monthly data of attendance at all GPLS libraries for statistical reporting</p> <p>Performs related duties as required.</p> <p>Scanning of all documents.</p>
<b>19%</b>	<p><b>Typing:</b></p> <p>Drafts reports, forms, memorandums or letters for supervisor's review.</p>

<b>20%</b>	<b>Fiscal:</b>
	Assists in monitoring inventory movement, completes inventory transfer, survey of office/custodial equipment, and office furniture for the Department.
	Assists in coordinating office matters with other government agencies to ensure requests are promptly processed.
	Requests for price quotations per Government Procurement Law for requisition processing adhering to required specifications.
	Assists in processing requisitions to be submitted to General Services Agency.
	Requests for price quotations from local or off-island vendors when procuring supplies, equipment or services.
	Follow up on vendor payments with Department of Administration, Accounting Office.
	Collects and secure GPLS monies from fines, fees, etc., before deposits are made to Treasurer of Guam.
	Assists in processing invoices to be submitted to Department of Administration.
	Assist in the preparation of the annual budget and quarterly reports.
	Prepares monthly Revenue Collection Report to be submitted to the Office of Public Accountability.
	Assists in maintaining all financial logs, records and files pertaining to the department
<b>5%</b>	<b>Other Duties:</b>
	Attends monthly staff meetings and weekly staff development workshop.
	Attends outreach events (Expos, festivals, parades, etc.) to represent the library, conduct library card registration drives, and inform/educate the community about library services.
	Represent GPLS in governmental committee/task force when assigned by Supervisor.
	Checks and submits monthly report for the Automatic External Defibrillator (AED) to Supervisor.
	<b>NON-ESSENTIAL OR ADDITIONAL FUNCTIONS:</b> List duties and responsibilities not listed above that <b>may be</b> performed, as assigned.
0%	Pursuant to Public Law 29-35 as follows: an act to add a new §80127 to Chapter 80, Title 5, Guam Code Annotated, relative to reserving the Hagatna Library Parking Lot for the exclusive use by library employees and patrons. §1...Enforcement of the provisions herein this Section shall be the responsibility of the Guam Police Department; however, the Chief of Police may authorize any employee(s), designated by the Director to issue citations for violation of this Section. <b>(Until employee is trained by Superior Court of Guam).</b>
1%	Participates in continuing education opportunities, such as seminars, conferences and workshops.

**III. CONTACTS:** Departments, agencies and individuals you deal with during the course of your daily activities.

A. Within your department / agency. Mark (X or √) one box:			
<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	Up to 15% of total working hours
<input type="checkbox"/>	15 – 50% of total working hours	<input type="checkbox"/>	Over 50%
B. Outside your department / agency. Mark (X or √)			
<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	Up to 15% of total working hours
<input type="checkbox"/>	15 – 50% of total working hours	<input type="checkbox"/>	Over 50%

**IV. SUPERVISION RECEIVED:** How closely is the employee's/jobholder's work reviewed by the direct supervisor? Mark (X or √) one correct response.

<input type="checkbox"/>	Detailed and specific instructions / procedures received or followed for each assignment.
<input checked="" type="checkbox"/>	General Supervision – Routine duties are performed with minimal supervision. Standard practices or procedures allow employee to function alone at routine work. Supervisor makes occasional check of work while in progress. Work is reviewed upon completion.
<input type="checkbox"/>	Direction – Receives guidance about general objectives in most of the tasks and projects assigned; determines methods, work sequence, scheduling and how to achieve objectives of assignments; operates within policy guidelines. (Generally applicable to skilled professionals, supervisors and managers.)
<input type="checkbox"/>	General Direction – Receives very general guidance about overall objectives; work is usually quite independent of others; operates within division or department policy guidelines, using independent judgment in achieving assigned objectives. (Generally applicable to managers / administrators in large and complex organizations and to department / agency heads and their first assistants.)

**V. SUPERVISION EXERCISED:** The employee/jobholder supervises other employees. List the number of employees supervised, their position titles, and a brief description of their responsibilities.

Number Supervised	Position Title	Description of Responsibilities
N/A		

**VI. EQUIPMENT:** List the equipment (pickup truck, welder, crane, etc.), office machines (word processor, calculator, copying machine, etc.), or any other machines, tools or devices that are used on a regular and continuing basis. Show what percentage of the regular workday is spent using each.

TOOLS / EQUIPMENT	PERCENT (%) OF TIME FOR EACH
Computer/Printer	70%
Copier	10%
Fax Machine	5%
Calculator	5%
Telephone	10%

**VII. JOB REQUIREMENTS**

Mark (√ or X) here if jobholder is unable to complete this section. The direct supervisor will then complete this section for the jobholder.

**A. MINIMUM QUALIFICATION REQUIREMENTS:** List the minimum experience and training a qualified applicant must have before employment.

<b>1. WORK EXPERIENCE:</b> List the general, specialized and/or supervisory / management work experience needed and how much (in months and/or years). If none, mark (√ or X) "No work experience required."
<input type="checkbox"/> No work experience is required.
General: Three (3) years of progressively responsible typing, office and clerical work, 6 months in the operation of word processing equipment and graduation from high school.
Specialized:
Supervisor / Management:
If no work experience is required, list the knowledge, abilities and skills a qualified applicant needs before employment to perform the essential job functions.
Skill in taking and transcribing a variety of oral dictation involving complex business material at a prescribed rate of speed may be required.
Skill in typing at a prescribed rate of speed.
Ability to communicate effectively, orally and in writing.
Ability to work effectively with employees and the public.
Knowledge of word processor capabilities.
Knowledge of standard business English, spelling, punctuation and grammar.
Ability to interpret and apply pertinent organizational and procedural guidelines and requirements.

**2. FORMAL EDUCATION OR TRAINING:**

Mark (✓ or X) the **most** applicable education level required.

- a.  Below High School – Show Number of Years
- b.  High School Graduation / GED
- c.  Vocational / Technical School

Show specific training that is required by this position.

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- d.  Some College

Show number of  Semester Hours \_\_\_\_\_ or  Quarter Hours \_\_\_\_\_.

Show specific courses required by the essential functions of this job.

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- e. College Degree (Show major area of study required.)

- Associate's : \_\_\_\_\_
- Bachelor's: \_\_\_\_\_
- Master's: \_\_\_\_\_
- Beyond Masters: \_\_\_\_\_

**3. CRITICAL SKILLS / EXPERTISE:** List specialized skills or specialization needed to perform essential functions.

**4. LICENSE, REGISTRATION OR CERTIFICATION:**

List possession of required license, professional registration/certification needed to perform essential functions.

**B. MENTAL / VISUAL, PHYSICAL, AND ENVIRONMENTAL JOB REQUIREMENTS:**

**1. Mark (✓ or X) the most appropriate physical requirement(s) for the job.**

- Sitting                      The job requires the employee to sit in a comfortable position most of the time. The employee can move about.
- Sitting                      Employee is required to sit for extended periods or time without being able to leave the work area.
- Sitting/Standing/Walking      The employee is required to sit, stand, walk most of the time.
- Climbing                      Employee is required to climb ladders or scaffolding or to climb and work in overhead areas.

<input type="checkbox"/>	Lifting	Employee is required to raise or lower objects from one level to another regularly.
<input type="checkbox"/>	Pulling and/or Pushing	The job requires exerting force up to _____ pounds on a regular basis to move the object to or away from the employee.
<input type="checkbox"/>	Carrying	The employee is required, on a regular basis, to carry objects in his or her arms or on the shoulder(s).
<input type="checkbox"/>	Reaching	The employee is regularly required to use the hands and arms to reach for objects.
<input type="checkbox"/>	Stooping and Crouching	The employee is regularly required to bend forward by bending at the waist or by bending legs and spine.
<input type="checkbox"/>	Crawling	Employee is required to work in a confined space and/or to crawl and move about on his or her hands and knees.
<input type="checkbox"/>	Speaking	The job requires expressing ideas by the spoken word.
<input type="checkbox"/>	Listening	The job requires the perception of speech or the nature of sounds in the air.
<input type="checkbox"/>	Other	Describe the requirement. _____ _____

**2. Mark (✓ or X) the most appropriate mental / visual requirement for the job.**

- General Intelligence (typical requirement for machine operators, office staff, etc.)
- Motor Coordination Skills (typical for automotive mechanic, painter, etc.)
- Coordination of Eyes, Hands, and Feet (typical for tractor trailer driver, fire fighter, line electrician, etc.)
- Verbal Intelligence (typical for counselors, customer service representatives, etc.)
- Numerical Intelligence (typical for an accounting clerk, cargo checker, etc.)
- Other:  
\_\_\_\_\_  
\_\_\_\_\_

**3. The job's most appropriate work environment and the weather exposure.**

Show what percent of a typical workday is spent.  
(Select one response only)

- 100 % Indoors in a comfortable temperature-controlled environment (for instance, in an office).
- \_\_\_\_ % Indoors in a non-temperature-controlled environment (such as an open garage, storerooms and warehouses, etc.)
- \_\_\_\_ % Outdoors exposed to changing weather conditions (for instance, rain, sun, wind, etc.)
- \_\_\_\_ % Outdoors but in an enclosed vehicle protected from extreme weather conditions.

**4. Other physical working conditions**

Mark (X or ✓) if none of the following is applicable.

Show what percent of a typical workday this position is exposed to:

- \_\_\_\_ % Air contamination (i.e., dust, fumes, smoke, toxic conditions, disagreeable odors).
- \_\_\_\_ % Vibration (i.e., operating jackhammer, impact wrench).

\_\_\_\_\_% Noise (Exposure at a level enough to cause hearing loss or fatigue).

\_\_\_\_\_% An improperly illuminated or awkward and confining work space.

\_\_\_\_\_% Working above ground level where the chance of falling exists (i.e., on ladders, rooftops, bucket trucks, scaffolding).

\_\_\_\_\_% Lifting or carrying items or objects. Describe item/object and weight:  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_% Heat. Describe source and degree of high temperature.  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_% Cold. Describe source and degree of cold temperature:  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_% Other hazards. Describe:  
 \_\_\_\_\_  
 \_\_\_\_\_

**5. Describe the working conditions that are irregular or unusual for the job and show frequency of exposure.**

Mark (X or √) if not applicable.

CONDITION	FREQUENCY OF EXPOSURE

**C. Work Schedule/Hours** – Mark (√ or X) the most appropriate work schedule/hours for the job.

Regular – Standard Eight (8) hours daily, Monday – Friday (not to exceed 40 hours per week)

Irregular – Shift work – A 24-hour work operation.

Regular / Irregular – Overtime hours with overtime pay entitlement  
 State Purpose and Total Hours required per pay period:  
 \_\_\_\_\_  
 \_\_\_\_\_

Regular / Irregular – Overtime hours without overtime pay entitlement  
 State Purpose and Total Hours required per pay period:  
 \_\_\_\_\_  
 \_\_\_\_\_

The information given on this position is complete and correct.

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

\_\_\_\_\_  
 Date

**VIII. SUPERVISOR'S REVIEW**

**IMPORTANT: This Block To Be Filled Out Only By The Direct Supervisor**

a.	<p>(1) Has the employee correctly stated his or her official payroll position title?  <input type="checkbox"/> Yes            <input type="checkbox"/> No</p> <p>(2) If not, what is the correct title? _____</p>												
b.	<p>(1) Are the employee's statements about the duties of his/her position and the supplementary information complete and accurate?  <input type="checkbox"/> Yes            <input type="checkbox"/> No</p> <p>(2) If not, what additions, deletions or corrections should be made? (Refer to block and page)          _____          _____          _____</p>												
c.	<p>What positions under your supervision perform the same essential functions Give name and title:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 15%; text-align: center;">Name</th> <th style="width: 15%; text-align: center;">Title</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">None</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>		Name	Title	None	_____	_____	_____	_____	_____	_____	_____	_____
	Name	Title											
None	_____	_____											
_____	_____	_____											
_____	_____	_____											
d.	<p>Does this position require (mark one)</p> <p><input type="checkbox"/> Immediate supervision on a regular basis,  <input checked="" type="checkbox"/> Immediate supervision only for new/complex tasks, or  <input type="checkbox"/> Little immediate supervision.</p>												
e.	<p>Does the employee participate in (mark those appropriate) the</p> <p><input type="checkbox"/> Formulation,    <input type="checkbox"/> Interpretation,    and/or    <input checked="" type="checkbox"/> Application of Agency/Department policy. Give examples:</p> <p><u>Abide with the GPLS rules and regulations as stipulated in the GPLS Board Manual.</u> _____          _____          _____</p>												
f.	<p>The employee (mark one)</p> <p><input type="checkbox"/> Performs routine, well-defined tasks,  <input checked="" type="checkbox"/> Performs moderately complex tasks requiring moderate knowledge of Agency's/Department's work; or  <input type="checkbox"/> Performs complex tasks requiring extensive knowledge of Agency's/Department's work.</p>												

I certify to the accuracy of the description of duties, responsibilities and organizational relationships provided herein; further, that the position is necessary to carry out government functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purposes on the use of public funds. The false or misleading statement may constitute violations of such statutes or their implementing regulations.

\_\_\_\_\_  
Signature of Immediate Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Department/Agency Head

\_\_\_\_\_  
Date

**IX. Human Resources Office Review:**

Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_  
Position Title Name

Classification Correct:  Yes  No

If not, corrective action taken: (Attach copy of review made)

\_\_\_\_\_  
\_\_\_\_\_

Approved by: \_\_\_\_\_  
Human Resources Manager Date