

**JOB ANALYSIS QUESTIONNAIRE**  
**For Members Of Local 496**

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

**Department/Division** \_\_\_\_\_

**Years experience in this department/division** \_\_\_\_\_

**Present Classification** \_\_\_\_\_

**Years experience in this classification** \_\_\_\_\_

**INSTRUCTIONS:**

**Please read and answer the following item carefully, responding in as much detail as possible. Make your answer complete and clear as possible. Use additional sheets if necessary.**

**After you have completed the questionnaire, please sign and date it in the appropriate space below. Then return it to the Human Resources Department.**

**Signature** \_\_\_\_\_

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

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**Please list in detail the duties and/or responsibilities that have been significantly changed to the point where you believe you are no longer properly classified or under compensated. These changes must have occurred since the signing of the collective bargaining agreement.**