

## Supervisory Status Questionnaire

1. What percent of your time is spent on supervisory activities? \_\_\_\_\_ %
2. Do you work the same hours as your immediate supervisor? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, explain:

3. Is the area you direct geographically separated from your immediate supervisor's location? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain:

4. For the employees you directly supervise, please list their job classifications, employment condition (e.g., full-time, part-time, intermittent/unlimited, seasonal, temporary, emergency) and the number of employees in each category. This information should also appear on page 1 of the position description.

Class

Employment Condition

Number of Employees

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### To be completed by Personnel / Labor Relations Director

5. Please attach an organization chart showing names, classifications, and managerial, supervisory, or non-supervisory designation of employees two levels above, on the same level, and two levels below the employee for whom this request is being processed.
6. Has the position previously been declared supervisory or non-supervisory by a Bureau of Mediation Services determination? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Date \_\_\_\_\_
7. Has the exclusive representative of the unit this position would be in if not supervisory (i.e., the residual unit) agreed that the position is supervisory? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, which exclusive representative?

Who acted on their behalf?