



**STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
Executive Pay System Questionnaire**

**To Be Completed by the Appointing Authority**

General Information

1. Agency Name
  
2. Agency Number / Organization Number / Position Number
  
3. Title # and Long Description
  
4. Position Working Title
  
5. Position Location (location code and county name)
  
6. Incumbent Name (last, first, middle initial), if applicable.
  
7. How long has the incumbent been in this position (if applicable)?
  
8. Type of Review (new position, agency-requested review, incumbent-requested review)
  
9. Current Executive Pay System level assignment (if applicable)
  
10. Signature, title and phone number of Human Resources Contact

**To Be Completed by the Appointing Authority**

***PLEASE NOTE: The following questions are intended to elicit information from which an accurate determination of the Executive Pay level of this position can be ascertained. Please be as complete in your response as necessary to provide a description of the position for individual reviewers who may not be entirely familiar with the operations and organization of the agency in which this position is established. Thank you.***

Education and Experience

11. What specific educational preparation (*non-specific BA/BS, specialized BA/BS, Master's, J.D., DVM, EdD/PhD, MD/DO*) is required of candidates for this position?
12. Identify any certification, licensure or similar training required for the performance of the assigned duties and responsibilities.
13. Describe the type and level of preparatory work experience needed for this position.
14. The amount of work experience needed in preparation for assuming this position's responsibilities most closely approximates:

Less than 6 months	
6 to 12 months	
1 to 3 years	
3 to 5 years	
5 to 7 years	
7 to 10 years	
Over 10 years	

15. This and other positions covered by the Executive Pay System have many Knowledge, Skill and Ability (KSAs) characteristics in common. Identify any KSAs of an unusual nature, or which may be unique to fulfilling the responsibilities of this position.

Scope of Supervision

16. A. Identify the total number of FTEs supervised by this position, both directly and through subordinate managers and supervisors.

Number of manager and/or supervisor FTEs which report directly to this position \_\_\_\_\_

Number of FTEs which report to these subordinate managers and/or supervisors \_\_\_\_\_

B. Attach an organizational chart(s) depicting this position and its assigned programs/areas of authority and reporting relationships, both above and below the position.

Duties

17. Summarize the purpose / role of this position.

18. Identify and briefly describe the functional areas (agencies, programs and/or services) and their scope (e.g., regional, divisional, statewide, interdepartmental, etc.) for which this position is responsible.

19. Describe in detail the primary duties and responsibilities assigned to this position.

Supervision of this Position

20. Name and title of this position's immediate supervisor.

21. Briefly describe the nature of supervision provided to this position, and the criteria for assessing this position's performance and effectiveness. Indicate the latitude for policy and decision-making delegated to this position. Is the incumbent of this position an appointing authority?

[The law defines appointing authority as "an officer or agency subject to this law having power to make appointments." (36.020(1) RSMo)]

Decision Making and Effect of Errors

22. Provide examples of significant decisions (fiscal, policy, etc.) made by this position and the nature and effect of possible significant errors (costs, lost revenues, legal implications, public perception, public safety, etc.).

Personal Contacts

23. Summarize the nature, purpose and frequency of communication skills (instructing, informing, persuading, negotiating, etc.) utilized by this position, both internally and externally.

Confidentiality

24. Describe the nature, purpose and frequency of this position's access to and usage of confidential information, and the anticipated impact of its unintended or untimely disclosure.

Budgeting

25. Indicate the annual budget under the administrative control of this position (rather than "pass through" funds). Include budgets which are under the fiscal control of subordinates.

Additional Information

26. A. What additional information do you feel should be considered in evaluating this position's Executive Pay System level assignment?

B. Are there, in your opinion, other State of Missouri positions which have similar duties and responsibilities, and which operate at a comparable level to this position? What factors do you believe make these positions comparable?

27. Is this position's Executive Pay assignment correct (N/A, Yes, No)? Why/why not?

28. Name, signature, title and phone number of preparer

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

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

\_\_\_\_\_  
Date

**To Be Completed by the Incumbent (if applicable)**

29. How long have you been in this position?

30. Are there, in your opinion, other State of Missouri positions which have similar duties and responsibilities, and which operate at a comparable level to yours? What factors do you believe make these positions comparable?

31. What additional information do you feel should be considered in evaluating this position's Executive Pay System level assignment?

32. Name, signature, title and phone number.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

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

\_\_\_\_\_  
Date