



**DEPARTMENT OF PUBLIC SAFETY
JAG GRANT FUNDED POSITIONS
JOB DUTIES QUESTIONNAIRE**

I. INITIAL INFORMATION

Name:		
Employer's/Regional Program Name:		
Job Title:		
Total Hours Worked Per Week:	% of Position Proposed to be Funded from JAG Grant Funds:	%

II. MAJOR PRODUCTS/OUTCOMES OR SERVICES POSITION IS ESTABLISHED TO ACHIEVE

List the major job assignments the position is responsible for. For each Job Assignment Area, list the major tasks required to produce the end product, service or outcome. Typically, the major job assignments of a position can be described in 4 to 6 task statements. Also note the approximate percentage of time devoted to each task/activity.

NOTE: Total % of time spent, adding both columns and all Job Assignment Areas, must equal 100%.

Job Assignment Area #1 – Major product or service to be provided or outcome to be achieved:	% of Time Spent on JAG Activities	% of Time Spent On Activities Funded from Other Sources
Major Tasks/Activities performed to produce product/service/outcome:		
1.		
2.		
3.		
4.		
5.		
6.		

Job Assignment Area #2 – Major product or service to be provided or outcome to be achieved:	% of Time Spent on JAG Activities	% of Time Spent On Activities Funded from Other Sources
Major Tasks/Activities performed to produce product/service/outcome:		
1.		
2.		
3.		
4.		
5.		
6.		

Job Assignment Area #3 – Major product or service to be provided or outcome to be achieved:	% of Time Spent on JAG Activities	% of Time Spent On Activities Funded from Other Sources
Major Tasks/Activities performed to produce product/service/outcome:		
1.		
2.		
3.		
4.		
5.		
6.		

Job Assignment Area #4 – Major product or service to be provided or outcome to be achieved:	% of Time Spent on JAG Activities	% of Time Spent On Activities Funded from Other Sources
Major Tasks/Activities performed to produce product/service/outcome:		
1.		
2.		
3.		
4.		
5.		
6.		

III. EMPLOYEE/PREPARER SIGNATURES

I certify that the entries herein are, to the best of my knowledge, accurate and complete.

Please Print Name:	Date:	Signature:
--------------------	-------	------------

If prepared by an individual other than the incumbent, please complete:

Preparer's Name:	Preparer's Signature:	Preparer's Title:
------------------	-----------------------	-------------------