

**NEW MEXICO JUDICIAL BRANCH  
JOB CLASSIFICATION AUDIT QUESTIONNAIRE**

**\*Job Description Attached:** \_\_\_\_\_

**Date comments due back to AOC HRD:** \_\_\_\_\_

Subject Matter Expert Name: \_\_\_\_\_

Job Classification \_\_\_\_\_

Court/Location \_\_\_\_\_

**Instructions:** Please return your suggested revisions no later than five business days of receipt/attempted e-mail delivery. If you do not return any suggested revisions within the five business days, the job description will be considered an accurate reflection of the job performed. Review the attached job description and complete the below questionnaire. If you respond **“NO”** to any of the below please provide your suggested changes, additions or deletions in the comments section; or you may track your suggested changes directly on the job description. Tracking may be done electronically or in handwriting. You may fax the questionnaire and associated documents to Ms. Park at 505-827-8091; or you may return an e-mail response to [aocvxp@nmcourts.gov](mailto:aocvxp@nmcourts.gov). You may want to place the completed Audit Questionnaire into a PDF format to preserve the signature if you e-mail the documents.

**Things to keep in mind:** A job classification is a description of the major duties/tasks, knowledge, skills and abilities and qualification requirements for a position or series of positions which are associated with a job family. The focus should be on whether the job description to which an employee is assigned is an accurate description of 80% of the major duties and accountabilities of that employee’s job and the relevant KSA’s and qualification as required in today’s work environment.

---

**Do you feel that the following job description components are accurate given your knowledge of the \*job referenced above?**

**SUMMARY:** Yes \_\_\_\_\_ No \_\_\_\_\_

**EDUCATION and EXPERIENCE REQUIRED:** Yes \_\_\_\_\_ No \_\_\_\_\_

**KNOWLEDGE, SKILLS and ABILITIES:** Yes \_\_\_\_\_ No \_\_\_\_\_

**EXAMPLES OF WORK PERFORMED:** Yes \_\_\_\_\_ No \_\_\_\_\_

**WORK ENVIRONMENT AND PHYSICAL DEMANDS:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Comments:**

Signature & Date: \_\_\_\_\_

*(Individual completing this questionnaire.)*