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| Description: C:\Documents and Settings\sharkins\Local Settings\Temporary Internet Files\Content.Outlook\5M52DODR\UM mark (2).jpg | **STATEMENT OF FACTS – SUPERVISORY**  Please attach **requisition/re-evaluation/re-assignment form** to completed form and return to Compensation at HRComp@af.umaryland.edu. For questions regarding request, please contact Compensation at (410) 706-6338.  |
| **Form is to be completed by Immediate Supervisor of Position in Section 1.a.** |

 |
| **REQUESTING UNIT INFORMATION** |
| Department Code: |        | School/Adm Dept. Name:  |        |
| Supervisor’s Name: |        | Contact Phone: |       |
|  |
| **SECTION 1 - POSITION/EMPLOYEE INFORMATION** |
| **A supervisory employee has authority to hire, transfer, suspend, lay off, recall, promote, discharge other employees, or effectively to recommend such action, if, in connection with the foregoing, the exercise of such authority is not of a merely routine or clerical nature but requires the use of independent judgment.** |
| a | Job Title:  |       | b | Job Code: |       |
| c | Position Number:  |       |  | d | Building Location: |       |
| e | Name of Employee:  | To Be Determined [ ]  |       |
|  |
| **SECTION 2 – QUESTIONNAIRE** (Designate with an X, which, if any, of these statements is TRUE) |
| **This employee has the duties identified in this declaration because he/she is a supervisor, not because he/she is the most senior employee in the work unit.** |
| **A** | SUPERVISION |
|  | **1** | **[ ]**  | This employee exercises the duties identified in this declaration over the following employee statuses list below for the University of Maryland, Baltimore.  |
|  |  | **a** |       | (number) regular full-time employees |
|  |  | **b** |       | (number) regular part-time employees |
|  |  | **c** |       | (number) Contingent Category I and/or II employees |
|  |  | **d** |       | (number) student employees (including post docs, teaching assistants, residents and interns) |
|  |  | **e** |       | **TOTAL Number of Employees (sum of a, b, c, & d)** |
|  |  | Please list job titles of employees supervised:  |
|  | ***If the employee does not supervise any employees (2.A.1.e. Total = 0), it is not necessary to complete the remainder of Section 2 – Questionnaire. Proceed to and complete Section 3 – Declaration.*** ***If “0”, then the employee will not be considered a supervisor for the purpose of exclusion from collective bargaining.*** |
|  | **2** | [ ]  | This employee is paid a higher salary than any of his/her subordinates. |
|  | **3** | [ ]  | This employee may or may not be eligible for overtime while some or all of the subordinates are eligible. |
|  | **4** | [ ]  | This employee is viewed by his/her subordinates as their supervisor. |
|  | **5** | [ ]  | This employee is viewed and regularly evaluated on the PDP or other similar tool as a supervisor by his/her supervisor. |
| **B** | **HIRING** |
|  | **1** | [ ]  | Has the authority to select from a pool of applicants  |
|  | **2** | [ ]  | After interviewing applicants, uses own judgment to recommend the person to be hired into his/her work unit and such recommendations are routinely followed |
| **C** | **TRANSFER** |
|  | **1** | [ ]  | Has the authority to approve the transfer of subordinates in and out of the work unit per one’s own judgment  |
|  | **2** | [ ]  | Recommendations regarding transfer of subordinates are routinely followed. |
| **STATEMENT OF FACTS – SUPERVISORY FORM (CONTINUED) PAGE 2**  |
| **D** | **ADVISE ON PERFORMANCE** |
|  | **1** | [ ]  | Has the authority to advise subordinates as to their expected level of performance and counsel them regarding performance problems as necessary. |
| **E** | **DISCIPLINE** |
|  | **1** | [ ]  | When necessary and with or without the consultation of other University managers or HR, has the authority to use his/her judgment regarding their subordinates: |
|  | ***If you checked the statements above, designate by an X, which, of the statements is applicable:*** | [ ]  | to take disciplinary action |
|  |  | [ ]  | to take discharge action |
|  | **2** | [ ]  | Having done an investigation and analysis, recommendations are generally followed regarding the subordinate in regards of: |
|  | ***If you checked the statements above, designate by an X, which, of the statements is applicable:*** | [ ]  | taking disciplinary action |
|  |  | [ ]  | taking discharge action |
| **F** | PERFORMANCE EVALUATIONS AND PROBATIONARY PERIODS |
|  | **1** | [ ]  | Has responsibility for conducting the performance evaluations/probationary period evaluations of subordinates.  |
|  | **2** | [ ]  | Without prior approval, writes, signs, delivers/communicates the performance evaluation to the evaluated subordinate. |
|  | **3** | [ ]  | These evaluations, before issuance, are reviewed by department management but are routinely approved without substantive modification. |
|  | **4** | [ ]  | Ones evaluation of a subordinate is generally included in the evaluation given by another to that same subordinate. |
|  | ***If you checked any of the statements above, designate by an X, which, if any, of the statements is applicable in your school/department:*** | [ ]  | to give notice of level of performance |
|  |  | [ ]  | as a factor in the employee’s merit increase |
|  |  | [ ]  | for special awards |
|  |  | [ ]  | to determine suitability for promotion |
|  |  | [ ]  | to indicate success/failure in completing a probationary period |
|  |  | [ ]  | other, specify:       |
| **G** | **MERIT PAY INCREASES** |
|  | **1** | [ ]  | Has responsibility for determining which subordinates will be awarded merit salary increases  |
|  | **2** | [ ]  | Recommendations regarding merit increases are routinely followed  |
|  | **3** | [ ]  | Participates in the process whereby merit increases are awarded to his/her subordinates. |
| **H** | **POSITION RE-EVALUATIONS (RE-CLASSIFICATIONS), RE-ASSIGNMENTS, OR PROMOTIONS** |
|  | **1** | [ ]  | Ones recommendations regarding position re-evaluation (reclassification) of his/her subordinate’s request for position re-evaluation or promotion are routinely followed. |
|  | **2** | [ ]  | Rarely, if ever, has a subordinate’s request for re-evaluation (reclassification) been granted without the recommendation of this supervisor. |
| **I** | **RESOLVING COMPLAINTS AND GRIEVANCES** |
|  | **1** | [ ]  | Has the authority to take action in response to complaints/resolve grievances of his/her own subordinates per one’s own judgment  |
|  | **2** | [ ]  | Ones recommendations are routinely followed in responding to complaints or resolving grievances of his/her subordinates  |
|  | **3** | [ ]  | Participates in formulating management’s for processing and/or resolving complaints and grievances |
| **STATEMENT OF FACTS – SUPERVISORY FORM (CONTINUED) PAGE 3**  |
| **I** | **4** | [ ]  | Participates in meetings where management positions and/or strategies regarding the processing and/or resolving of complaints and grievances are discussed. |
| **J** | **COLLECTIVE BARGAINING ISSUES** |
|  | **1** | [ ]  | Formulates or participates in the formulating of management positions regarding current and prospective collective bargaining issues. |
|  | **2** | [ ]  | Attends meetings where management positions and/or strategy with respect to collective bargaining matters are discussed. |
| **K** | **DOCUMENTS AND DOCUMENT GATHERING** |
|  | **1** | [ ]  | As part of one’s regular responsibility sees documents which are used by management in developing management positions:  |
|  | ***Please indicate which means the data will be used.*** | [ ]  | in collective bargaining |
|  |  | [ ]  | in grievance matters  |
|  |  | [ ]  | in labor relations matters such as classified salary and benefit data |
|  |  | [ ]  | in performance evaluations |
|  | **2** | [ ]  | As part of one’s regular responsibilities gathers or participates in: |
|  | ***Please indicate which means the data is gathered or participated.*** | [ ]  | the gathering of data |
|  |  | [ ]  | the analysis of data and/or presents data important to the formulation on management’s position in collective bargaining |
|  |  | [ ]  | the gathering data in grievance handling |
|  |  | [ ]  | provides data to persons responsible for formulating such positions |
| **L** | **QUALITY, QUANTITY, COMPLETENESS OF WORK PERFORMED** |
|  | **1** | [ ]  | Is responsible for assuring the quality, quantity and/or completeness of the work performed by his/her subordinates. |
|  | **2** | [ ]  | Monitors the quality of subordinates’ performance of assigned work. |
|  | **3** | [ ]  | Using one’s own judgment, assigns tasks and projects to his/her own subordinates. |
| **M** | **TRAINING** |
|  | **1** | [ ]  | Responsible for training his/her subordinates; using one’s own judgment, either does the training him/her or assigns a subordinate to train the peer employees. |
| **N** | **HOURS OF WORK** |
|  | **1** | [ ]  | Per one’s own judgment, establishes the daily/weekly hours of work for subordinates. |
|  | **2** | [ ]  | Recommendations are routinely followed regarding the establishment of daily/weekly hours of work. |
| **O** | **OVERTIME** |
|  | **1** | [ ]  | Per one’s own judgment, has the authority to approve subordinates’ overtime. |
|  | **2** | [ ]  | Recommendations are routinely followed in approving overtime. |
| **P** | **VACATION SCHEDULE** |
|  | **1** | [ ]  | Per one’s own judgment has the authority to approve requests for the timing and scheduling of vacation. |
|  | **2** | [ ]  | Recommendations are routinely followed in granting subordinates requests for the timing and scheduling of vacations |
| **Q** | **ABSENCE FROM WORK** |
|  | **1** | [ ]  | Is the person to be informed when subordinate is not at work on a scheduled work day.  |
|  | **2** | [ ]  | Has the authority to evaluate the legitimacy of the subordinate’s reason for the absence and adjust staffing and work assignments as necessary using one’s own judgment |
| **STATEMENT OF FACTS – SUPERVISORY FORM (CONTINUED) PAGE 4**  |
| **R** | **ATTENDANCE AT MANAGEMENT MEETINGS** |
|  | **1** | [ ]  | Regularly attends management meetings where such subjects as budget, finance, planning, existing procedures, programs, policies and HR/LR matters are discussed. |
|  | **2** | [ ]  | Using one’s own judgment regularly schedules and holds meetings with subordinates. |
|  | **3** | [ ]  | Attends supervisory training and update programs. |
|  |
| **SECTION 3 – DECLARATION OF COLLECTIVE BARGAINING SUPERVISORY EXCLUSION** |
| ***This section is to be completed by the supervisor of the position identified in Section 1.*** |
| a | Name of Employee | To Be Determined [ ]  |       |
| b | Job Title |       | c | Job Code |       |
| d | Department Code: |       | e | Building Locations |       |
| **[ ]**  | **I , (name of person completing this form)** |       |
|  | hereby depose and state that the facts set forth herein are based on my personal knowledge and observation, except where stated to be based on information and belief. If called upon to testify as a witness, I can and would competently testify to the following: |
|  | [ ]  | I am currently employed by the University of Maryland, Baltimore, in: |
|  | ***Please select appropriate school or department*** | [ ]  | School of  |       |
|  |  | [ ]  | Academic Affairs |
|  |  | [ ]  | Administration & Finance |
|  |  | [ ]  | External Affairs |
|  |  | [ ]  | President’s Office |
|  | [ ]  | My current job title is: |       |
|  | [ ]  | In this position, I report directly to |       | Job Title |       |
|  | [ ]  | I am or was the supervisor of the individual who is identified by name and title in this declaration.  |
|  | [ ]  | This individual has been employed in this position since | To Be Determined [ ]  | Date: |       |
|  | [ ]  | When I use the present tense in the remainder of this declaration, I am referring to events as of  | Today’s Date: |       |
| **[ ]**  | **I have read the foregoing document consisting of 4 pages and declare under penalty of perjury that the statements herein are true and correct.**  |
| **[ ]**  | **Executed as of**  | **Today’s Date: (mm/dd/yy)** |  | **in Baltimore City, Maryland.**  |
| **Signature of Supervisor Completing Form** |       | **Printed Name** |       |
| **Signature/Next Level Supervisor (Optional)** |       | **Printed Name** |       |
|  |
| **SECTION 4 - Human Resource - Compensation Use Only:** |
| **Supervisory = 18 categories** |
| **Total Categories Checked:**  |  | **/12** | **Total Key Categories Checked:** |  | **/3** |
| **A\*** | **[ ]**  | **A4\*** | **[ ]**  | **A5\*** | **[ ]**  | **B\*** | [ ]  | C | [ ]  |
| **D\*** | **[ ]**  | **E\*** | **[ ]**  | **F\*** | [ ]  | G | [ ]  | H | [ ]  |
| **I\*** | [ ]  | J | [ ]  | K | [ ]  | L | [ ]  | M | [ ]  |
| N | [ ]  | O | [ ]  | P | [ ]  | Q | [ ]  | R | [ ]  |
| **Based on the review of this position:**  |
| This position’s collective bargaining status is: | [ ]  | ELIGIBLE | [ ]  | INELIGIBLE (exclusion) |
|  | [ ]  | **Exclusion category is SUPERVISORY** |
| Reviewed by: |  |
| Title: |  |
| Date: |  |