**DIVISION OF HUMAN RESOURCES**

**Position Description Questionnaire (PDQ)**

**DHR Use Only**

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Analyst \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Control Number (PCN) \_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position’s Current Class Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Division/Bureau: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Region/Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Section/Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Incumbent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Classification Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description Intended to Show: New Position [ ]  Change in Existing Position [ ]

1. **PRIMARY PURPOSE:** The supervisor of this position should briefly describe the position’s primary purpose in one or two sentences.

The signatures below indicate concurrence with the information provided in this PDQ and certify its accuracy.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature Incumbent’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vice President/Provost/President Signature Date

**HR Recommendation:**

1. **POSITION CHANGES:** Please summarize any major changes that have occurred since the last review. Indicate why changes occurred and who, if anyone, had been performing those duties.
2. **RESPONSIBILITIES:** Information in this section is intended to elicit specific job duties by major areas of responsibility. This will require you to group specific duties and/or tasks into like areas or major headings. The percent (%) column should identify the amount of time devoted to the like areas or major headings only. For example: a supervising Chemist might have major responsibilities of supervision 35%, research 25%, and chemical analysis 30%.

**DUTIES OR TASKS:** Under each of those major headings would follow the individual duties or tasks specific and most critical to that responsibility.

Use complete statements to describe the job and avoid unclear terms such as “assist,” “help,” “is responsible for,” etc. Use additional paper if necessary. You do not need to list minor tasks such as sharpening pencils, turning on a PC, etc.

| **RESPONSIBILITIES** (Most Important to Least Important)Duties and tasks listed under major heading | % |
| --- | --- |
|  |  |
|  |  |

1. **DECISION-MAKING AUTHORITY:** What type of decisions or recommendations in this position authorized to make? How do these actions impact others and what is the result of error? What actions does this position have authority to approve or deny?
2. **PROBLEM SOLVING:** What are the most difficult or technical problems this position solves and why are these considered difficult? Give two or three specific examples.
3. **REPORT PREPARATION:** If the position is required to develop regular or special reports, complete the following. (Do not include reports that are typed from someone else’s draft.)

|  |  |
| --- | --- |
| Name or type of report(s) | What is the purpose of the report(s)? |
|  |  |
|  |  |
|  |  |

1. **EQUIPMENT OPERATION:** (If critical to this position, please complete.)

List the equipment operated and the percent or work time spent operating each device. Indicate if you service and/or repair this equipment. (Note: If significant physical effort or unusual working conditions are part of this position, additional information may be requested later.)

1. **SUPERVISON:** Are others supervised by this position? Yes [ ]  No [ ]

(If no supervision is required, skip to #9 below)

If yes, check the phrase(s) below that best describe(s) what is expected.

1. Make hiring decisions [ ]
2. Make hiring recommendations [ ]
3. Evaluate performance [ ]
4. Recommend merit increases or bonuses [ ]
5. Discipline employees [ ]
6. Plan work to be done [ ]
7. Assign work to others [ ]
8. Check and approve work of others [ ]
9. Train employees to do their work [ ]
10. Respond to grievances and complaints of those you supervise [ ]

\*Employment Status Code: P-Permanent; T- Temporary; ST- Student

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Person(s) Supervised | Job Title/Major Duty | **\***Employment Status Code | Hours Worked per Week |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **LEADWORK/PROJECT LEADERSHIP:** If this position required leadworker responsibilities or project leadership over others such as staff, contractors, and/or volunteers not described in #8 above, please explain.
2. **ADDITIONAL INFORMATION ABOUT THIS POSITION:** List any information not included in your previous answers that will help someone better understand this position.
3. **MINIMUN QUALIFICATIONS:** Describe the knowledge, skills, and experience required of a **NEW EMPLOYEE** to do this job and any special requirements you think necessary. These “minimums” should be those that cannot be learned in a short period of time (3 months or less), will not be taught on the job, and would be required of a new employee upon entry in into this position.

Checklist: Please be sure the following are included:

[ ]  Signatures of both the supervisor and incumbent

[ ]  Current, signed, and dated organizational chart

Please estimate total time it took you to complete this form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_