

# DEPARTMENT OF ADMINISTRATION

## POSITION DESCRIPTION QUESTIONNAIRE INSTRUCTIONS

### WHO SHOULD COMPLETE THE QUESTIONNAIRE?

- (1) The employee occupying the position (jobholder) completes the first six (I-VI) sections of the questionnaire.
- (2) The employee completes Section VII if he/she chooses to do so. If the employee decides not to complete Section VII, mark the box provided. The direct supervisor will then complete Section VII for the employee.
- (3) The direct supervisor completes Section VIII. It is to add or clarify any of the information provided by the employee/jobholder or to provide different information.
- (4) The direct supervisor completes the questionnaire for vacant positions.
- (5) Section IX is completed by the Human Resources Office.

### I. JOB IDENTIFICATION:

- Position Title: Show the official (payroll) title only.
- Official Position No.: Show the official number provided in the staffing pattern for the job. Although the employee/jobholder may change from time to time, the position number does not change. It is a position management tool.
- Job Location: Show the exact location of the position within the organization.
- Direct Supervisor: Show the official position title and name of supervisor or manager to whom the jobholder must report.

### II. JOB DESCRIPTION:

**ESSENTIAL FUNCTIONS:** These are the required job duties of the position that a qualified person must perform. Under the Americans with Disability Act, the duties are performed either with or without a “reasonable accommodation.” Without one of the essential functions, the need for the job is changed.

The description of functions performed must be short, clear and correct. It should tell what is done and its purpose or why. It should not tell how it is done. The duties are specific. Do not use unclear, general statements. Do not use additional papers.

Organize and list the job functions in one of the formats selected below. Mark the format selected. The format selected is only for the purpose of organizing the description of the job. It will not determine the job’s classification and pay.

- (1) Daily work assignments – proper for job functions that are repetitive and have specific work operations and procedures. List the functions beginning with the first daily work assignment and ending with the last work assignment.
- (2) Percentage of time – proper for jobs that have varied functions and responsibilities. List the functions by percentage of time spent, beginning with the highest percentage. The total % should equal 100%.
- (3) Order of importance – proper for job functions that provide levels of importance. List the functions beginning with the most important function and ending with the least important. All functions are performed, however.

**NONESSENTIAL FUNCTIONS:** Nonessential functions are tasks that are minor, or not required to the completion of the essential functions. In addition, nonessential functions are those that could be performed by other workers. The phrase, “performs related duties as assigned” is normally listed here.

### III. MINIMUM QUALIFICATION REQUIREMENTS:

These are the minimum requirements needed to qualify for the job. They are necessary for satisfactory performance of the job’s essential functions. It is not to show the employee’s (jobholder’s) qualifications. They are used further in the job analysis necessary for the creation of position classification standards.

**Experience** – Show the type and length (months or years) of experience needed by a qualified applicant to perform the essential functions of the job.

**Education** – Show the formal schooling or training required for a qualified applicant to perform the essential functions of the job.



**III. CONTACTS:** Departments, agencies and individuals you deal with during the course of your daily activities.

A. Within your department / agency. Mark (X or √) one box:			
<input type="checkbox"/> None	<input type="checkbox"/> Up to 15% of total working hours	<input type="checkbox"/> 15 – 50% of total working hours	<input type="checkbox"/> Over 50%
B. Outside your department / agency. Mark (X or √)			
<input type="checkbox"/> None	<input type="checkbox"/> Up to 15% of total working hours	<input type="checkbox"/> 15 – 50% of total working hours	<input type="checkbox"/> Over 50%

**IV. SUPERVISION RECEIVED:** How closely is the employee's/jobholder's work reviewed by the direct supervisor?  
Mark (X or √) one correct response.

<input type="checkbox"/>	Detailed and specific instructions / procedures received or followed for each assignment.
<input type="checkbox"/>	General Supervision – Routine duties are performed with minimal supervision. Standard practices or procedures allow employee to function alone at routine work. Supervisor makes occasional check of work while in progress. Work is reviewed upon completion.
<input type="checkbox"/>	Direction – Receives guidance about general objectives in most of the tasks and projects assigned; determines methods, work sequence, scheduling and how to achieve objectives of assignments; operates within policy guidelines. (Generally applicable to skilled professionals, supervisors and managers.)
<input type="checkbox"/>	General Direction – Receives very general guidance about overall objectives; work is usually quite independent of others; operates within division or department policy guidelines, using independent judgment in achieving assigned objectives. (Generally applicable to managers / administrators in large and complex organizations and to department / agency heads and their first assistants.)

**V. SUPERVISION EXERCISED:** The employee/jobholder supervises other employees. List the number of employees supervised, their position titles, and a brief description of their responsibilities.

Number Supervised	Position Title	Description of Responsibilities

**VI. EQUIPMENT:** List the equipment (pickup truck, welder, crane, etc.), office machines (word processor, calculator, copying machine, etc.), or any other machines, tools or devices that are used on a regular and continuing basis. Show what percentage of the regular workday is spent using each.

TOOLS / EQUIPMENT	PERCENT (%) OF TIME FOR EACH

**VII. JOB REQUIREMENTS**

[ ] Mark (√ or X) here if jobholder is unable to complete this section. The direct supervisor will then complete this section for the jobholder.

**A. MINIMUM QUALIFICATION REQUIREMENTS:** List the minimum experience and training a qualified applicant must have before employment.

<p><b>1. WORK EXPERIENCE:</b> List the general, specialized and/or supervisory / management work experience needed and how much (in months and/or years). If none, mark (√ or X) "No work experience required."</p>	
<p>[ ] No work experience is required.</p>	
<p>General:</p>	
Specialized:	
Supervisor / Management:	
<p>If no work experience is required, list the knowledge, abilities and skills a qualified applicant needs before employment to perform the essential job functions.</p>	
<p><b>2. FORMAL EDUCATION OR TRAINING:</b> Mark (√ or X) the <b>most</b> applicable education level required.</p>	
<p>a. [ ] Below High School – Show Number of Years</p>	
<p>b. [ ] High School Graduation / GED</p>	
<p>c. [ ] Vocational / Technical School</p>	
<p>Show specific training that is required by this position.</p>	
<p>_____</p>	
<p>_____</p>	
<p>_____</p>	
<p>_____</p>	
<p>d. [ ] Some College</p>	
<p>Show number of [ ] Semester Hours _____ or [ ] Quarter Hours _____.</p>	
<p>Show specific courses required by the essential functions of this job.</p>	
<p>_____</p>	
<p>_____</p>	
<p>_____</p>	
<p>_____</p>	
<p>e. College Degree (Show major area of study required.)</p>	
<p>[ ] Associate's : _____</p>	
<p>[ ] Bachelor's: _____</p>	
<p>[ ] Master's: _____</p>	
<p>[ ] Beyond Masters: _____</p>	

<b>3. CRITICAL SKILLS / EXPERTISE:</b> List specialized skills or specialization needed to perform essential functions.
<b>4. LICENSE, REGISTRATION OR CERTIFICATION:</b> List possession of required license, professional registration/certification needed to perform essential functions.

**B. MENTAL / VISUAL, PHYSICAL, AND ENVIRONMENTAL JOB REQUIREMENTS:**

<b>1. Mark (√ or X) the most appropriate physical requirement(s) for the job.</b>	
<input type="checkbox"/> Sitting	The job requires the employee to sit in a comfortable position most of the time. The employee can move about.
<input type="checkbox"/> Sitting	Employee is required to sit for extended periods or time without being able to leave the work area.
<input type="checkbox"/> Sitting/Standing/Walking	The employee is required to sit, stand, walk most of the time.
<input type="checkbox"/> Climbing	Employee is required to climb ladders or scaffolding or to climb and work in overhead areas.
<input type="checkbox"/> Lifting	Employee is required to raise or lower objects from one level to another regularly.
<input type="checkbox"/> Pulling and/or Pushing	The job requires exerting force up to _____ pounds on a regular basis to move the object to or away from the employee.
<input type="checkbox"/> Carrying	The employee is required, on a regular basis, to carry objects in his or her arms or on the shoulder(s).
<input type="checkbox"/> Reaching	The employee is regularly required to use the hands and arms to reach for objects.
<input type="checkbox"/> Stooping and Crouching	The employee is regularly required to bend forward by bending at the waist or by bending legs and spine.
<input type="checkbox"/> Crawling	Employee is required to work in a confined space and/or to crawl and move about on his or her hands and knees.
<input type="checkbox"/> Speaking	The job requires expressing ideas by the spoken word.
<input type="checkbox"/> Listening	The job requires the perception of speech or the nature of sounds in the air.
<input type="checkbox"/> Other	Describe the requirement. _____ _____ _____
<b>2. Mark (√ or X) the most appropriate mental / visual requirement for the job.</b>	
<input type="checkbox"/> General Intelligence (typical requirement for machine operators, office staff, etc.)	
<input type="checkbox"/> Motor Coordination Skills (typical for automotive mechanic, painter, etc.)	
<input type="checkbox"/> Coordination of Eyes, Hands, and Feet (typical for tractor trailer driver, fire fighter, line electrician, etc.)	
<input type="checkbox"/> Verbal Intelligence (typical for counselors, customer service representatives, etc.)	
<input type="checkbox"/> Numerical Intelligence (typical for an accounting clerk, cargo checker, etc.)	

[ ] Other:

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

**3. The job's most appropriate work environment and the weather exposure.**

Show what percent of a typical workday is spent.  
(Select one response only)

- \_\_\_\_\_% Indoors in a comfortable temperature-controlled environment (for instance, in an office).  
\_\_\_\_\_% Indoors in a non-temperature-controlled environment (such as an open garage, storerooms and warehouses, etc.)  
\_\_\_\_\_% Outdoors exposed to changing weather conditions (for instance, rain, sun, wind, etc.)  
\_\_\_\_\_% Outdoors but in an enclosed vehicle protected from extreme weather conditions.

**4. Other physical working conditions**

[ ] Mark (X or √) if none of the following is applicable.

Show what percent of a typical workday this position is exposed to:

- \_\_\_\_\_% Air contamination (i.e., dust, fumes, smoke, toxic conditions, disagreeable odors).  
\_\_\_\_\_% Vibration (i.e., operating jackhammer, impact wrench).  
\_\_\_\_\_% Noise (Exposure at a level enough to cause hearing loss or fatigue).  
\_\_\_\_\_% An improperly illuminated or awkward and confining work space.  
\_\_\_\_\_% Working above ground level where the chance of falling exists (i.e., on ladders, rooftops, bucket trucks, scaffolding).  
\_\_\_\_\_% Lifting or carrying items or objects. Describe item/object and weight:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_% Heat. Describe source and degree of high temperature.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_% Cold. Describe source and degree of cold temperature:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_% Other hazards. Describe:  
\_\_\_\_\_  
\_\_\_\_\_

**5. Describe the working conditions that are irregular or unusual for the job and show frequency of exposure.**

[ ] Mark (X or √) if not applicable.

CONDITION	FREQUENCY OF EXPOSURE

**C. Work Schedule/Hours** – Mark (✓ or X) the most appropriate work schedule/hours for the job.

<input type="checkbox"/> Regular – Standard Eight (8) hours daily, Monday – Friday
<input type="checkbox"/> Irregular – Shift work – A 24-hour work operation.
<input type="checkbox"/> Regular / Irregular – Overtime hours with overtime pay entitlement State Purpose and Total Hours required per pay period: _____ _____
<input type="checkbox"/> Regular / Irregular – Overtime hours without overtime pay entitlement State Purpose and Total Hours required per pay period: _____ _____

The information given on this position is complete and correct.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**VIII. SUPERVISOR'S REVIEW**

**IMPORTANT: This Block To Be Filled Out Only By The Direct Supervisor**

a.	(1) Has the employee correctly stated his or her official payroll position title? [ ] Yes [ ] No								
	(2) If not, what is the correct title? _____								
b.	(1) Are the employee's statements about the duties of his/her position and the supplementary information complete and accurate? [ ] Yes [ ] No								
	(2) If not, what additions, deletions or corrections should be made? (Refer to block and page) _____ _____ _____								
c.	What positions under your supervision perform the same essential functions Give name and title: <table><thead><tr><th>Name</th><th>Title</th></tr></thead><tbody><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr></tbody></table>	Name	Title	_____	_____	_____	_____	_____	_____
Name	Title								
_____	_____								
_____	_____								
_____	_____								
d.	Does this position require (mark one) [ ] Immediate supervision on a regular basis, [ ] Immediate supervision only for new/complex tasks, or [ ] Little immediate supervision.								
e.	Does the employee participate in (mark those appropriate) the [ ] Formulation, [ ] Interpretation, and/or [ ] Application of Agency/Department policy. Give examples: _____ _____ _____								
f.	The employee (mark one) [ ] Performs routine, well-defined tasks, [ ] Performs moderately complex tasks requiring moderate knowledge of Agency's/Department's work; or [ ] Performs complex tasks requiring extensive knowledge of Agency's/Department's work.								

I certify to the accuracy of the description of duties, responsibilities and organizational relationships provided herein; further, that the position is necessary to carry out government functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purposes on the use of public funds. The false or misleading statement may constitute violations of such statutes or their implementing regulations.

\_\_\_\_\_  
Signature of Immediate Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Department/Agency Head

\_\_\_\_\_  
Date



**IX. Human Resources Office Review:**

Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_  
Position Title

\_\_\_\_\_  
Name

Classification Correct: [ ] Yes [ ] No

If not, corrective action taken: (Attach copy of review made)

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

Approved by: \_\_\_\_\_  
Human Resources Manager

\_\_\_\_\_  
Date