 **POSITION DESCRIPTION QUESTIONNAIRE**

Before completing this form please contact your HR Generalist. This form is used when there have been on-going and significant changes to the job duties. A position may not be reclassified until at least six (6) months has elapsed from the time an employee is hired in, promoted to, or reclassified into that position.

Name: Click here to enter text. Date of Request: Click here to enter text.

Department: Click here to enter text. Current Job Title:Click here to enter text.

Date hired into current position: Click here to enter text.

Supervisor: Click here to enter text. Supervisor’s Job Title:Click here to enter text.

Requested Job Title: Click here to enter text.

Please explain reason for the request: Click here to enter text.

**Summarize the Position’s Overall Purpose and General Function:**

This description should align the position with the mission and objectives of the Department/Division/Office.

|  |
| --- |
| Click here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| **Education, Licenses, Certifications** | Education **REQUIRED:**Check all which apply:[ ]  No education required[ ]  High School Diploma or GED[ ]  Associates Degree[ ]  Bachelor’s Degree[ ]  Master’s Degree[ ]  Doctorate Level Degree[ ]  Other (please explain)Education Preferred: | Licenses **REQUIRED:**Please List:Click here to enter text.Licenses Preferred:Click here to enter text. | Certifications **REQUIRED:**Please List:Click here to enter text.Licenses Preferred:Click here to enter text. |

|  |  |
| --- | --- |
| **Knowledge/Skills** | **Please check one** (**NOT the attributes of the person the requirements of the POSITION**):[ ]  Applies basic skills and procedures appropriate for the position within assigned functional area.[ ]  Beginning advanced skills and understanding of the specified area.[ ]  Some advanced skills and knowledge. Thorough understanding of the total specified area.[ ]  Advanced skills and knowledge for one or more specified areas. Expert in the specified area.[ ] road knowledge about a wide range of areas. Advanced understanding of specified area and the ability to resolve complex issues i.e. expert. |
| **Duties and Tasks** | **Please check one:**[ ]  Duties and tasks are simple and repetitive. Follows existing policies, practices and procedures. Refers questions and problems to higher levels.[ ]  Duties and tasks are varied but standardized. Works on assignments that are semi-routine in nature where ability to recognize deviation from accepted practice is required.[ ]  Works on assignments that are moderately complex in nature where judgment is required in resolving problems and making recommendations. [ ]  Works on assignments that are complex in nature where considerable judgment and initiative are required in resolving problems and making recommendations.[ ]  Duties and tasks reflect substantial variety and complexity. Requires extensive knowledge in multiple functions. Is the resource to others in the resolution of complex problems and issues? |
| **Supervision** | The position plans, checks the work of, and/or instructs or directs, evaluates and measures the work of: **Check all which apply:**[ ]  None[ ]  Inmates[ ]  Interns/Temporary Employees[ ] Regular/Front Line Employees[ ]  Lead Worker [ ]  First line supervisor[ ]  Direct subordinate supervisors[ ]  Other (please explain) | **Number of and job title** of employees supervised:Click here to enter text. |
| **Working Environment** | **Check all which apply:**[ ]  Office Environment[ ]  Physical demands – Strength, movement, auditory, vision (Not the standard office environment)[ ]  Environmental Conditions and Physical Surroundings – Exposure to: weather, cold, heat, noise[ ]  Hazards – Toxic fumes, chemicals, heights, moving partsComments: Click here to enter text.  |
| **Responsibilities** | **Check the THREE major responsibility factors for this position:**[ ]  Decision Making[ ]  Independent Judgment[ ]  Reasoning[ ]  Advocacy and Influence [ ]  Allocation of Resources[ ]  Strategic Planning[ ]  Problem Solving[ ]  Collecting, Planning and Organizing Information[ ]  Critical and Analytical Thinking[ ]  Institutional Awareness[ ]  Vision[ ]  Consequence of Errors[ ]  Customer Service |

Percentage of time: Estimate the percentage of time spent performing each duty. The total of all percentages should account for **100%** of the position’s time. Whether you perform this duty on a daily, weekly, monthly, quarterly, or annual basis, the following chart will help you estimate the percent of time you spend doing it.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Percentage | Daily (approximate) | Weekly | Monthly | Quarterly | Annually |
| 5% | ½ hour | 2 hours | 1 day | 3 days | 2 ½ weeks |
| 10% | 1 hour | 4 hours | 2 days | 6 ½ days | 5 weeks |
| 15% | 1 ½ hours | 6 hours | 3 ½ days | 10 days | 8 weeks |
| 20% | 2 hours | 8 hours | 4 ½ days | 13 days | 10 weeks |
| 25% | 2 ½ hours | 10 hours | 5 ½ days | 16 days | 13 weeks |

**Please list your current duties and/or tasks specific to your position, for example:**

**EXAMPLE**

|  |  |
| --- | --- |
| % of time25 | Duties StatementDevelop, initiate and monitor the following grants: Grant-1, Grant-2, Grant-3. * Quarterly reporting of utilized funds.
* Monthly review of grant utilization, verifying appropriate expenditures.
* Final approval of grant requests.
 |

**Feel free to copy the below box on this form until all essential functions are accounted for.**

**PERCENTAGES SHOULD TOTAL 100%**

|  |  |
| --- | --- |
| % of time  | Duties StatementClick here to enter text. |

|  |  |
| --- | --- |
| % of time  | Duties StatementClick here to enter text. |

|  |  |
| --- | --- |
| % of time  | Duties StatementClick here to enter text.  |

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| --- | --- |
| % of time  | Duties StatementClick here to enter text. |

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| % of time  | Duties StatementClick here to enter text. |

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| % of time  | Duties StatementClick here to enter text. |

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| % of time  | Duties StatementClick here to enter text. |

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| % of time  | Duties StatementClick here to enter text. |

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| % of time  | Duties StatementClick here to enter text. |

**By signing below (Employee):**

I validate that the information listed above are accurate statements regarding content of my position.

Click here to enter text. Click here to enter text.

Employee Signature Date

**By signing below (Supervisor, Appointing Authority, Division Director, and Elected Official as**

**applicable):**

1. I validate that the information listed above are accurate statements regarding the content of the position.

2. I have reviewed the potential fiscal impacts and funding sources associated with the potential reclassification.

3. I have reviewed any potential equity concerns associated with the proposed reclassification.

**Please attach an additional document if you would like to provide comments.**

Click here to enter text. Click here to enter text.

**Supervisor Signature Date**

Click here to enter text. Click here to enter text.

**Next Level Leader Signature (if applicable) Date**

Click here to enter text. Click here to enter text.

**Appointing Authority Signature Date**



**HR Use Only:**

Mark Action Taken: [ ] No change [ ] Pay Grade Change

 [ ] Relassification [ ] New Position

Briefly explain action taken and why: Click here to enter text.