 **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. |

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| --- | --- | --- | --- |
| **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 parts  Comments: 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 time  25 | Duties Statement  Develop, 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 Statement  Click here to enter text. |

|  |  |
| --- | --- |
| % of time | Duties Statement  Click here to enter text. |

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| --- | --- |
| % of time | Duties Statement  Click here to enter text. |

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| % of time | Duties Statement  Click here to enter text. |

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| % of time | Duties Statement  Click here to enter text. |

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| % of time | Duties Statement  Click here to enter text. |

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| % of time | Duties Statement  Click 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.

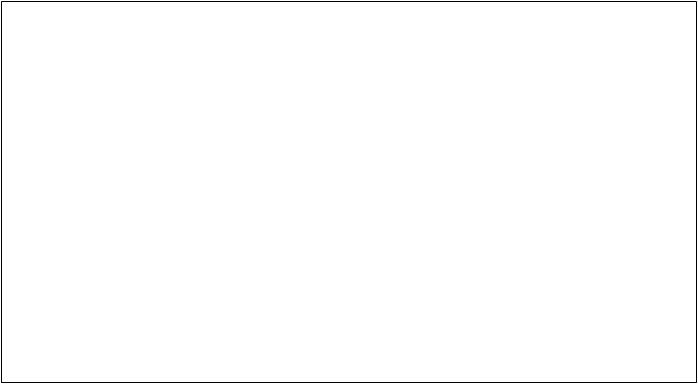
**Supervisor Signature Date**

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.