

Position Description Questionnaire

Your Name	Title
Dept	Division
Years/Months in Current Classification	Supervisor's Name/Title

Job Summary Write a brief descriptive statement that summarizes, overall, what you do. You will be asked for additional details in the following sections.

Your Major Job Responsibilities Even though you do many different “tasks” in performing your job, these tasks are usually performed in carrying out a larger major job responsibility of yours. Think about what your “major job responsibilities” are and list these below. Do not list less than three or more than 10. If you come up with more than 10, you probably could combine a few of these under one or more major job responsibilities.

Think in terms of an entire year, rather than a day, week or month. List your major job responsibilities in descending order of importance. In the left-hand column, write your best guess as to the percent of time you spend on each one. The total of % time should equal 100%, and do not list job responsibilities that take up less than 1% of your time. In the right hand column, enter the frequency of your major job responsibility, e.g., daily, weekly, biannually, etc.

Example:

% of Time:	Duties:	Frequency:
1. 25%	File all correspondence and forms for manager	Daily

WRITE YOUR ANSWERS ON THE FOLLOWING PAGE

% of Time:	Duties:	Frequency:
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Knowledge, Skills, and Abilities: List the experience, education, knowledge and skills required for effective functioning in this job.

• Minimum Education, Training and Experience

What areas of knowledge do you need to perform your job duties? Please list		What type of work experience do you think an employee in your job class should have to satisfactorily perform the duties of your job? Please list the types of experience and the number of years you feel is required of that experience.	
1		1	yrs
2		2	yrs
3		3	yrs
4		4	yrs
5		5	yrs
What skills and abilities do you need to have to do your work?		Is a license (including a driver's license), registration, certificate, or professional affiliation required to perform your job responsibilities? YES _____ NO _____ If yes, please list.	
1		1	
2		2	
3		3	
4		4	
5		5	

Equipment – List the types of office machines or equipment you are required to use at work. How often do you use these? Check one of the following: Occasional, Frequent, Constant.

Type of Machine/Equipment	Occasional <i>Less than once per week</i>	Frequent <i>once per week to once per day</i>	Constant <i>every day all day</i>

Education – What type of education do you think an employee in your job class should have to satisfactorily perform the duties of your job? Check the highest level you believe is required.

<input type="checkbox"/>	Grammar School (Specify grade – 1 thru 8)
<input type="checkbox"/>	High School (Specify grade – 9 thru 12)
<input type="checkbox"/>	Trade/Vocational School (Specify courses)
<input type="checkbox"/>	Junior College (Specify major or course of study)
<input type="checkbox"/>	4-year College (Specify degree and major)
<input type="checkbox"/>	Graduate School (Specify degree and major)

Why do you think this level of education is required for your job?

Decision Making - Describe the types of responsibilities you have for making decisions in order to do your job properly.

- What kinds of decisions are you now allowed to make on your own? Give some specific examples.

- What kinds of decisions do you refer to your supervisor? Give some specific examples.

Problem Solving - Describe the types of responsibilities you have for solving problems in order to do your job properly.

- What kinds of problems are you expected to solve on your own? Give some specific examples

- What problems do you refer to your supervisor? Give some specific examples.

Supervision Received - Check one category for each question

	Rarely <i>less than once per month</i>	Occasionally <i>less than once per week</i>	Frequently <i>once per week to once per day</i>	Constantly <i>every day, more than once per day</i>
How often is your work checked?				
How often do you receive detailed instructions?				
How often do you perform routine assignments alone?				
How often do you plan and arrange your own work?				

Supervision Exercised - Complete the following:

Do you complete a performance evaluation for a subordinate employee?	___ Yes	___ No
Do you make recommendations on disciplinary actions for subordinate employee(s)?	___ Yes	___ No
Do you make hiring and firing recommendations?	___ Yes	___ No

- List the job titles and the number of people you supervise:

Coordination Responsibilities - How much are you involved in coordinating, scheduling, and checking the work of others? Do you teach, coach others or act as an assistant to a supervisor in carrying out a project?

- List the job titles and the number of people you coordinate in this manner:

Working Environment Checklist: How often are you exposed to or working under the conditions listed below? Mark only those that apply.

Working Condition	Occasional <i>less than once per week</i>	Frequent <i>once per week to once per day</i>	Constant <i>every day all day</i>
Sitting			
Standing			
Walking			
Reaching			
Lifting (specify max. weight in pounds)			
Bending			
Climbing			
Dust			
Odors, Fumes (please describe)			
Outdoor weather conditions			
Off-site assignments			
Irregular work hours			
Unusual mental stress/pressures (please describe)			
Other (please describe)			

Comments? Please state any additional comments which may be helpful in understanding this job and how it functions within the organization.

The information I have provided is accurate to the best of my knowledge.

Employee Signature

Date

Supervisor's Comments: Please read the employee's questionnaire thoroughly and provide feedback. Limit your written comments to this page; please do not write on any other part of the questionnaire.

What do you consider *the most important duty* of this job?

What do you consider the most important qualifications of an employee in this job?

What part of this job do you feel requires the highest degree of knowledge, skill or ability?

Immediate Supervisor/Manager:

Please confirm that you read this questionnaire.

Signed: _____ Title _____ Date _____