

INSTRUCTIONS FOR COMPLETING POSITION DESCRIPTION QUESTIONNAIRE (PDQ)

PURPOSE: The Position Description Questionnaire is a useful guide in personnel administration. It provides a record of the duties and responsibilities of the described position that is necessary in determining proper classification. It is essential that the questionnaire be complete and accurate.

PREPARATION AND SIGNATURES: Completion of this form should be a joint effort by both the incumbent and the immediate supervisor. Both parties should agree with the contents, and signatures of both individuals are required. The supervisor should understand that it is his/her responsibility to insure the accuracy of the information provided.

HOW TO COMPLETE THIS QUESTIONNAIRE:

1. Read the entire form before answering any questions.
2. Type or print legibly in ink your answer to each question.
3. Use your own words when filling out the form.
4. Be sure to consider the job duties over a sufficient period of time to cover all permanent work assignments. **DO NOT INCLUDE ANY TEMPORARY, NONPERMANENT DUTIES SUCH AS THOSE PERFORMED FOR CROSS-TRAINING PURPOSES OR ON AN INFREQUENT FILL-IN BASIS IF A STAFF MEMBER IS ABSENT.**
5. If there is inadequate space to complete an item, attach additional sheets of paper.
6. If you have questions concerning any item, consult your human resource office or department personnel representative.
7. If a question does not apply, put "NA" (Not Applicable) in that space.

ORGANIZATION CHART: Please attach a current organization chart showing this position and its relationship to other positions in the department, bureau, section, and/or unit. The organization chart must be signed and dated by the appointing authority or that person's designee.

AUDIT INFORMATION: To classify this position properly, the Division of Human Resources may need additional information from the supervisor and/or the incumbent. This may involve an on-site audit.

DIVISION OF HUMAN RESOURCES
Position Description Questionnaire (PDQ)

<p>Division of Human Resources Use Only</p> <p>Date</p> <p>Class Title</p> <p>Class Code</p> <p>Analyst</p>
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Position Control Number (PCN)

Date

Position's Current Class Title

Department _____ Region/Facility

Division/Bureau _____ Section/Unit

Office Address _____ 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 this 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

2. **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.

3. **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 headings	%

RESPONSIBILITIES Duties/and tasks listed under major headings	%

6. **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)?

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

List the equipment operated and the percent of 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 a part of this position, additional information may be requested later).

8. **SUPERVISION:** 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.

- a. make hiring decisions
- b. make hiring recommendations
- c. evaluate performance
- d. recommend merit increases or bonuses
- e. discipline employees
- f. plan work to be done
- g. assign work to others
- h. check and approve work of others
- i. train employees to do their work
- j. 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

9. **LEADWORK/PROJECT LEADERSHIP:** If this position requires leadworker responsibilities or project leadership over others such as staff, contractors, and/or volunteers not described in #8 above, please explain.

10. **ADDITIONAL INFORMATION ABOUT THIS POSITION:** List any information not included in your previous answers that will help someone better understand this position.

The signature below indicates that the information provided is accurate and complete.

Incumbent's Signature

Date

SUPERVISOR'S SECTION

11. **MINIMUM QUALIFICATIONS:** Describe the knowledges, 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 into this position.

12. **If you have any additional information regarding the classification of this position, please explain.**

Supervisor's Signature

Date

Supervisor's Classification

Checklist: Please be sure the following are included:

signatures of both the supervisor and incumbent.

current, signed and dated organizational chart.

Please estimate the total time it took you to complete this form _____.