



POSITION DESCRIPTION QUESTIONNAIRE

INSTRUCTIONS:

In maintaining a position classification plan, it is necessary that reliable information be obtained about the duties and responsibilities of positions. Since you are the best person to describe the duties and responsibilities of your job, you are being asked to fill out this questionnaire. The information you provide should describe only the duties and responsibilities of your position and will be used to help determine the proper classification and salary for your position. The information will not be used to evaluate your work performance or your qualifications.

You should answer all questions completely. If the space provided is not sufficient, attach additional sheets as necessary. Be sure to identify the question number on the attached sheets.

SECTION A - GENERAL INFORMATION

Full Name _____ **Current Class Title** _____

Work Location _____ **Work Phone Number** _____

Days/Hours of Work _____ **How long have you held this position?** _____

List any equipment you regularly use on this job: _____

Do you need a driver's license for the work? Yes No

Do you need another type of license for the work? Yes No

If yes, please specify: _____

Name and Title of immediate supervisor: _____

Title and number of employees supervised or for whom you provide work direction:

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SECTION B - CLASS DESCRIPTION INFORMATION

Using your current class description as a starting point, please complete the following information:

Is the title appropriate for your position: Yes No

If not, what title would you prefer? _____

Below, please describe in detail your essential regular duties, numbering each duty in a separate statement. Begin with those duties that you consider to be the most important. Start each duty with a verb, stating specifically what you do and how you do it. In the columns to the right, indicate the approximate percent of time you spend performing each duty (total time should equal 100%) and how often they are performed? D = Daily, W = Weekly (at least once), M = Monthly (at least once), Y = Yearly. Use additional sheets of paper as necessary.

#	Essential Duties and Responsibilities	% Of Time	How Often Performed

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TOTAL TIME (should equal 100%)			

What basic function does your position serve in assisting your department to fulfill its purpose; what is the major reason or purpose for your work?

What are the three most critical or important duties which you perform?

Are the qualifications or requirements listed appropriate for the job as it is being performed today?

Yes _____ **No** _____ (If not, please change the description accordingly and summarize missing qualifications below). *Remember, they must be clearly related to the job, not a listing of your own personal skills and knowledge.*

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If you were looking for your own replacement, what are the three most important qualifications you would consider indispensable?

In what ways has your job changed over the past one to two years?

SECTION C - CLASS STRUCTURE INFORMATION

Describe the supervision you receive from your immediate supervisor – include type and frequency.

Describe the most difficult and/or major decisions you make in the course of your work.

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Describe your regular contact with others and state the reason for the contact and the frequency. Use "C" for continuous, "F" for frequent, and "A" for "as needed."

a. Internal Contacts - With what other departments/positions do you come in contact?

Department / Position	Reason for Contact	How Often?

b. Outside Contacts - With what other outside organizations do you come in contact (if any) during the normal course of your duties?

Outside Organization	Reason for Contact	How Often?

In your opinion, what other position(s) in the organization, if any, is (are) most similar to yours?

In your opinion, is your class description too broad and general or too narrow and specific?

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I certify that the above answers are my own and accurate:

Signature

Date

SECTION D - IMMEDIATE SUPERVISOR'S COMMENTS

Please note any exceptions or additions to the employee's questionnaire (reference the numbered item on the questionnaire).

What do you consider to be the three most critical or important duties of this position as it exists now?

1. _____
2. _____
3. _____

Comment on your support or disagreement with any suggested classification or title change.

Other comments?

Have you discussed your comments/concerns with this employee? Yes No

