**POSITION DESCRIPTION QUESTIONNAIRE**

## INDIVIDUAL

**INSTRUCTIONS AND GUIDELINES FOR COMPLETING YOUR POSITION DESCRIPTION QUESTIONNAIRE (PDQ)**

PDQs are used to write job descriptions, therefore it is extremely important for you to fill out the questionnaires completely and accurately. Please either type your questionnaire or write legibly.

In order to make this process easier for you, we recommend you first read through the entire questionnaire so that you understand the information we are asking for in each section. Next, complete as much of the questionnaire as you can. Finally, just before you turn it in, read it again to make sure you have not forgotten anything.

1. The information you provide on the following Position Description Questionnaire (PDQ) will be used to ensure accuracy in the job description for the City & Borough of Wrangell and to determine the correct classification for each position. It is very important that you provide accurate, detailed information about your current job duties.
2. You may complete your PDQ as an individual, or you may join with other employees in the exact same classification, who perform the same type of work that you do, to complete the PDQ as a group.
3. The information that you provide on the questionnaire will be very important in determining the appropriate job classification for your position in the system. Accuracy is very important. Providing overstated questionnaires may have a negative effect and will not result in a higher classification. The questionnaire must be reviewed and signed by your Department Head. Human Resources will then review the questionnaire information to ensure fairness and accuracy. Objectivity is the main consideration when the PDQs are reviewed.
4. Please spend a majority of your time on the sections indicated by arrows, as these are the most important sections in determining job classifications.
5. **Please review your answers for accuracy and completeness**. We suggest that you keep a copy of the final document for your records.

## The original PDQ must be submitted to your Department Head, who will make comments and then submit it to Aleisha Mollen, Accounting Generalist in the Finance Department.

**POSITION DESCRIPTION QUESTIONNAIRE (PDQ)**

Please read entire questionnaire before completing form.

* 1. **BACKGROUND**

 This will help us to make sure we refer to the correct job throughout the study.

|  |  |
| --- | --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_ |
| Current Job Title: |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone:  |
| Immediate Supervisor: | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Total Time Employed in Current Position: | Years: \_\_\_\_\_\_\_\_\_\_\_ | Months: \_\_\_\_\_\_\_\_\_ |
| Work Schedule: | Start: am/pm am/pm | Finish : am/pm am/pm |

 \_\_\_\_\_ Regular \_\_\_\_\_ Full-time \_\_\_\_\_ Union

 Position is: \_\_\_\_\_ Temporary/On-call \_\_\_\_\_ Part-time \_\_\_\_\_ Non-Union

* 1. **POSITION SUMMARY**

This section asks for a short paragraph, one to three sentences, regarding the purpose of your position and/or your primary responsibilities. This summary helps us to quickly understand the essence of your job. *Usually it is better to write this after you have completed the remainder of the questionnaire*.

***Example: Computer Support Technician***

***Summary: To operate, maintain and repair computer equipment and to provide technical assistance to users.***

ENTER HERE:

* 1. **ORGANIZATIONAL RELATIONSHIPS – THIS IS VERY IMPORTANT**

This chart will help us to understand your job in relation to others in your department. Please use titles and not names.

Complete the organization chart below. Please fill in the applicable position titles: (1) your immediate supervisor (the person who signs your performance evaluation); (2) your coworkers, employees you work with and who also report directly to your supervisor; and, (3) your subordinates, any employees you supervise\*.

|  |  |  |
| --- | --- | --- |
| **YOUR SUPERVISOR’S JOB TITLE** |  | **YOUR JOB TITLE** |
|  |  |  |
| **YOUR COWORKERS’ JOB TITLES** |  | **YOUR SUBORDINATES’ JOB TITLES\*** |

\* List only those jobs over which you have full managerial/supervisory authority (i.e. complete and sign performance evaluation).

* 1. **SUPERVISION GIVEN – THIS IS VERY IMPORTANT**

This section asks for information regarding your supervisory responsibilities. This information will help us to fully understand the level of authority that you have. For example, do you have lead authority and assign and monitor work, or do you have full supervisory authority and sign performance evaluations. Please check all that apply and list the number of employees you have supervision over. These questions, other than the first one, should apply to those titles which are listed as ***Your Subordinates*** on the organizational chart, or any others that may report to those positions listed under ***Your Subordinates***.

Check the following phrase or phrases that apply to your job and indicate the number of employees:

|  |  |  |
| --- | --- | --- |
| ­­ |  | No. of Employees |
| ­­­­­­\_\_\_\_\_\_\_ | I do not officially supervise other employees (sign performance reviews). |  |
| ­­­­­­\_\_\_\_\_\_\_ | I evaluate and sign performance reviews of other regular employees.  |  |
| ­­­­­­\_\_\_\_\_\_\_ | I evaluate and sign performance reviews of part-time, temporary or contract employees. |  |
| ­­­­­­\_\_\_\_\_\_\_ | I instruct other employees in methods or procedures needed to carry out their job (how to carry-out their assigned duties). |  |
| ­­­­­­\_\_\_\_\_\_\_ | I make work assignments for others. |  |
| ­­­­­­\_\_\_\_\_\_\_ | I make hiring and hiring pay recommendations. |  |
| ­­­­­­\_\_\_\_\_\_\_ | I make hiring and hiring pay decisions. |  |
| ­­­­­­\_\_\_\_\_\_\_ | I recommend discipline/termination for poor performance. |  |
| ­­­­­­\_\_\_\_\_\_\_ | I provide advice to peers that they must consider carefully before making a decision. |  |
|  |  Example: |   |
| ­­­­­­\_\_\_\_\_\_\_ | I provide information to supervisors/management that they use in making a decision. |  |
|  |  Example: |  |

* 1. **DUTIES – THIS IS VERY IMPORTANT**

The list of essential duties helps us to understand those duties which are the primary reasons why your position exists. Essential duties are those duties that make up at least 5% of your time. The Percent of Time need only be estimates so do not spend a great deal of time trying to come up with an exact percentage. The percentages of all duties should equal 100% over a one year period of time.

**Essential Duties:** Describe five to ten essential duties that make up your job. Try to describe your job so it can be understood by someone not familiar with your work. Begin each duty statement with an action verb (“calculates”, “operates”, “establishes”) that tells what is done or why and how it is done. Examples are shown below. Use additional sheets if needed.

**Decisions Required:** For each duty you have listed, state the decision(s) you must make in order to carry out the duties required. Refer to the examples given.

**Frequency:** Indicate how often you perform each duty – D = daily, W = weekly, M = monthly, Q = quarterly, A = annually, O = occasionally.

**Percent of Time:** Indicate how much of your time you spend on each task. The total of these percentages should not be more than 100%. Example: Sally conducts property value estimates 20% of the time, it may mean she spends one day out of five on that task, or that she spends around two hours each day.

|  |  |  |  |
| --- | --- | --- | --- |
| **Essential Duties** | **Decisions Required** | **Frequency DWMQAO** | **% of Time** |
| ***EXAMPLES:*** |  |  |  |
| ***Prepares monthly newsletters by gathering information, writing copy, editing, preparing for publication and overseeing distribution.*** | ***Articles to include, editorial changes, graphics, layouts*** | ***M*** | ***25%*** |
| ***Performs inventory spot checks and monthly counts of supplies in warehouse.*** | ***When to check supplies*** | ***M*** | ***10%*** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Essential Duties** | **Decisions Required** | **Frequency DWMQAO** | **% of Time** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |  |  |  |
| 8. |  |  |  |
| 9. |  |  |  |
| 10. |  |  |  |

* 1. **REQUIRED KNOWLEDGE AND SKILL**

This section helps us to understand the minimum levels and types of knowledge and skill you would need in order to perform your job at the *entry level*. Those items you list are those required and not what you might necessarily know or are able to do after being in the position for a number of years:

***Knowledge:*** refers to the possession of concepts and information gained through experience, training and/or education and can be measured through testing.

***Skills:*** refer to the proficiency which can be demonstrated and are typically manual in nature and/or can be measured through testing.

Please list the essential duty number from Section V, Duties, that requires the specific knowledge.

|  |  |
| --- | --- |
| **Knowledge/Skills** | **Duty #** |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| 6. |  |
| 7. |  |
| 8. |  |
| 9. |  |

* 1. **EDUCATION AND EXPERIENCE – THIS IS VERY IMPORTANT**

This section helps us to determine the minimum level of education and experience required to perform the job at the entry level. This should be the minimum level an individual should be required to have for Human Resources to consider an application for the position. Please note in d), any licenses or certifications required for your position upon *entry into the job*.

1. What level of education do you have and what minimum level of education do you believe is needed to satisfactorily perform your job at *entry level*? Check the level that applies to your job:

You Position

Have Needs

|  |  |
| --- | --- |
|  | Less than High School Diploma or equivalent (G.E.D.) |
|  | High School Diploma or equivalent (G.E.D.) |
|  | Up to one year of specialized or technical training beyond high school |
|  | Associate degree (A.S., A.A.) or two-year technical certificate |
|  | Bachelor’s degree |
|  | Other (explain): |

1. What kinds of experience do you have and what minimum kinds of experience are needed to enter your job at *entry level*?

|  |  |
| --- | --- |
| **Type of Experience****You Have Position Needs** | **Minimum Time Required** |
|  |  years |
|  |  years |
|  |  years |

1. What field (s) should training or degree be in? ENTER HERE:
2. Are any state, federal, or professional licenses or certificates required to enter your job? If so please list:

ENTER HERE:

* 1. **NATURE OF ASSIGNMENTS**

This section is used to help in understanding the types and levels of decisions you are required to make in your position.

* + 1. If I see the need, I can change the following **without my supervisor’s approval**;

|  |  |
| --- | --- |
| a.  | The objectives I am trying to achieve (refer to Page 2 – Position Summary for position’s objective). |
| EXAMPLE: |
| b.  | The means for achieving the objectives of my job (i.e., my work methods or procedures of my duties). |
| EXAMPLE: |
| c.  | The way assigned work methods are carried out (i.e. the order of or frequency of my duties). |
|  | EXAMPLE: |

* + 1. Give an example of how you have modified or developed new work methods to deal with new or unusual circumstances on your job.

EXAMPLE:

## EQUIPMENT

Please list any equipment which you would regularly use in your position (examples: computer and software forklift, etc.). This listing will help us to understand the types of equipment you are expected to operate in order to perform your job.

List the duty number from Section V. – Duties (page 4-5) and the equipment you use to perform that duty.

Example: Duty 1 – Computer, camera, etc. ENTER HERE:

* 1. **CONTACTS**

The Contact list is a brief listing of those individuals (other than those in your department) you come into direct contact with. This contact list will help us to understand the level of your contacts in other organizations and your level of decision making authority. The list does not have to be all inclusive and should include contacts within your organization and with others outside the organization. Also, please tell us the reason for contacting each individual (nature of contact).

*Other than the person(s) to whom you report and who report to you*, who are the principal individuals/groups (both internal and external) with whom you have direct interpersonal contact? Your answers do not need to be all-inclusive. Just give brief, typical examples:

## Title and Unit of Organization Nature of Contact

* 1. **ADDITIONAL COMMENTS**

In this section please note any additional comments you may have and/or attach additional sheets. Also, please sign and date the questionnaire on this page and on page 11 to note your agreement with the contents of the questionnaire. You may wait to sign page 11 until after you have read any comments made by your supervisor.

Are there any additional comments you would like to make to be sure you have described your job adequately (Use additional sheets if necessary)

ENTER HERE:

|  |  |
| --- | --- |
| Employee Signature:  | Date: |

**THANK YOU FOR COMPLETING THIS QUESTIONNAIRE. AFTER YOU OR YOUR GROUP HAS COMPLETED YOUR PORTION OF THE QUESTIONNAIRE, PLEASE SUBMIT THE QUESTIONNAIRE TO YOUR SUPERVISOR/DEPARTTMENT HEAD FOR REVIEW, SIGNATURE, AND COMMENT. YOUR DEPARTMENT HEAD WILL SUBMIT THE COMPLETED QUESTIONNAIRE.**

## SUPERVISOR REVIEW AND COMMENTS

This section is to be used by the Supervisor to note any additional comments, additional duties or disagreements with any section of the questionnaire. The Supervisor should not change anything written by the individual filling out the questionnaire nor should they address any performance issues. Please remember that this questionnaire is intended solely for the purpose of accurately describing the job in question. The Supervisor does not need to read the entire PDQ. Simply check the areas identified with arrows for accuracy as these are the most important in classifying the jobs. If these sections are not complete or are incorrect, please fill in the blanks when you review the questionnaire with the incumbent. If you disagree with any information provided or believe some information is missing, indicate below the question number and your comments. Please note the form should have all three signatures (if applicable) to ensure all have read the attached questionnaire.

|  |  |  |
| --- | --- | --- |
| Question No. |  | Comments |

## Please check the appropriate statement:

|  |
| --- |
| I agree with the incumbent’s position questionnaire as written. |
| The above modifications have been discussed with the incumbent, and the incumbent agrees with these modifications. |
| The above modifications have been discussed with the incumbent, and the incumbent disagrees with these modifications. |

|  |  |
| --- | --- |
| Supervisor’s Signature: \_\_\_\_  | Date:  |
| I have noted the modifications made by my supervisor in the comments Section above. |
| Employee Signature: \_\_\_\_\_\_  | Date:  |
| Supervisor Signature: \_\_\_\_\_ (if different from Department Head) | Date:  |
| Department Head Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | Date:  |