

**Position Description Questionnaire (PDQ)**

**1. Employee Information:** In this section you will provide information regarding your name, current job title, your immediate supervisor, etc.

Employee Name:

Date form completed:

Official Position Title:

Time in current position:

Years:

Months:

Department Name:

Work Phone:

E-mail address:

**Immediate Supervisor:**

Name:

Title:

Work Phone:

E-mail:

**Immediate supervisor reports to:**

Name:

Title:

Work Phone:

E-mail:

**2. Position Summary**

Please write 1 to 3 sentences which describe the purpose and major duties of your position.

**Example:** *I provide administrative support to the purchasing department. My duties include answering phones, filing and retrieving documents, answering questions from vendors, entering data, and tracking documents.*

Type Here:

### 3. Supervisory Responsibilities

For each statement below, if the statement applies to your position, please check the box under the "Yes" column and then indicate the number of employees for which you are responsible to the right of the statement.

Yes	Duty	Full-time Equivalent Employees
<input type="checkbox"/>	I do not officially supervise other employees (sign performance reviews).	NA
<input type="checkbox"/>	I evaluate and sign performance reviews of other regular employees.	
<input type="checkbox"/>	I evaluate and sign performance reviews of part-time, temporary or contract employees.	
<input type="checkbox"/>	I plan and schedule the work of others.	
<input type="checkbox"/>	I set goals and objectives for others.	
<input type="checkbox"/>	I provide training and instruction to others.	
<input type="checkbox"/>	I assign work activities to others.	
<input type="checkbox"/>	I establish standard procedures	
<input type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.	
<input type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.	

If you are responsible for evaluating and signing the performance reviews of other employees, please indicate the titles of those employees below.

1. Subordinate Job Title
2. Subordinate Job Title
3. Subordinate Job Title
4. Subordinate Job Title
5. Subordinate Job Title
6. Subordinate Job Title
7. Subordinate Job Title
8. Subordinate Job Title

#### 4. Essential Duties

On the following page, please list your essential duties (those duties that make up at least 5% of your time) and the decisions you make in carrying out each duty. Provide enough detail so that someone who may not be familiar with your job will have a clear understanding of what it is that you do. For example, do not simply state "prepares reports," but state, "prepares reports such as status reports, staff reports," or other type of report(s) you may prepare. Also, please use action verbs such as prepares, calculates, operates, etc., to start off each statement. Avoid phrases such as "assists with" or "participates in." **Do not use acronyms.**

In the Frequency column, please indicate how often you perform each duty: **D = daily, W = weekly, M = monthly, Q = quarterly, A = annually, or O = occasionally.**

In the "Percent of Time" column, please 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. These need only be estimates so do not spend a great deal of time trying to come up with an exact percentage. The percentages of your essential duties should not exceed 100%, but should account for at least 80% of your time.

#### Example:

Essential Duties (What do you do and how do you do it.)	Decisions Required	Frequency (D,W,M,Q,A,O)	% of Time
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

**Complete your actual duties on the following page. If more space is needed, please attach a separate sheet.**

**Essential Duties**

(What do you do and how do you do it?)

**Decisions Required**

**Frequency**

**% of Time**

1.

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2.

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3.

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4.

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**Essential Duties**

(What do you do and how do you do it?)

**Decisions Required**

**Frequency**

**% of Time**

5.

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6.

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7.

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8.

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## 5. Education

Identify the minimum level of education you believe is needed to satisfactorily perform your job at entry level. This may be different from what the organization currently requires and/or from your own level of education.

### You need

- Less than high school diploma or equivalent (GED), ability to read, write, and follow directions.
- High school diploma or equivalent (GED).
- 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, please describe.

What field(s) should training or degree be in?

Other, please describe.

## 6. Experience

Identify the minimum type and years of experience needed for **entry into your job**.

Experience

Years

Min. time Required

Experience

Years

Experience

Years

Experience

Years

**7. Special Requirements**

List any registrations, certifications, or licenses that are required for **entry into your position**.

**Do not use acronyms.**

**8. Decision-making and judgments**

a. Describe two kinds of decisions and judgments you make regularly and independently in the performance of your duties.

1.

2.

b. When making decisions do you most often (**choose only one**):

- Routinely check with your supervisor before doing anything other than following standard procedures.
- Follow standard procedures and established practices to resolve problems using discretion.
- Use some discretion in your daily work and recommend new or revised policies, procedures, and standard practices, which may be implemented after being approved by your supervisor.
- Create and implement new solutions not previously applied.

**9. Physical Factors - Your answers in this section will not affect how your job is classified.**

Check the box that best describes the overall amount of physical effort required to perform your job.

**Sedentary Work:** Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.

**Light Work:** Exerting up to 20 pounds of force occasionally and/or up to 10 pounds of force frequently and/or a negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for Sedentary work and the worker sits most of the time, the job is rated for Light Work.

**Medium Work:** Exerting up to 50 pounds of force occasionally and/or up to 20 pounds of force frequently and/or up to 10 pounds of force constantly to move objects.

**Heavy Work:** Exerting up to 100 pounds of force occasionally and/or up to 50 pounds of force frequently and/or up to 20 pounds of force constantly to move objects.

**Extra Heavy Work:** Exerting in excess of 100 pounds of force occasionally and/or in excess of 50 pounds of force frequently and/or in excess of 20 pounds of force constantly to move objects.

**10. Additional Comments**

Are there any additional comments you would like to make to be sure you have described your job adequately?

## Employee Certification

I certify that the above statements and responses are accurate and complete to the best of my knowledge.

\_\_\_\_\_  
Signed By

Date

**Thank you for completing this questionnaire. After you or your group have completed your portion of the questionnaire, please submit the questionnaire to your supervisor for review, signature, and comment. Your supervisor will submit the completed questionnaire to Human Resources.**

**To be completed by the immediate supervisor**

Use this section to note any additional comments, additional duties, or disagreements with any section of the questionnaire. Do not change anything written by the individual filling out the questionnaire and do not address any performance issues. If you disagree with any information provided, or believe some information is missing, indicate below the question number and your comments.

Question No.	<input type="text"/>	Comments	
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Question No.	<input type="text"/>	Comments	
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Question No.	<input type="text"/>	Comments	
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Question No.	<input type="text"/>	Comments	
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Question No.	<input type="text"/>	Comments	
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**Any supervisory comments must be discussed with the employee.**

