

Position Description Questionnaire (PDQ)

The purpose of this questionnaire is to create and maintain a complete picture of your position in order to validate that the current job description represents the responsibilities of the position. You are in the best position to know exactly what you do, how you do it and what you need to know to perform the work. Your supervisor and/or Department Head will have the opportunity to review and provide additional information regarding your completed questionnaire.

Please note that if 2 or more individuals are in the same position, perform the same tasks, and report to the same supervisor, then that supervisor should facilitate a consensus meeting for all individuals with the same position to consolidate their feedback into one PDQ.

1. Employee Information:			
Employee Name:			
Position Title:			
Department:			
Supervisor Name and Title:			
Date You Are Completing this Form:			

D	ate You Are Completing this Form:	
2.		be the primary purpose of your job. Include what your job is and nguage. Please do not copy/paste this information from your job

3. Supervisory Responsibilities: Select the best answer choice below and indicate an "X" in that row. For the second, third, and fourth answer choices, please provide the description requested.

	Answer Choice	Description	Place an "X" in one row only
1	No Personnel Supervision	I do not officially have direct reports and I do not lead programs, projects, or teams.	
2	Team/Project Leadership (without Formal Personnel Supervision)	I do not officially have direct reports. However, I lead programs, projects, or teams, which may involve providing direction to or reviewing the work of colleagues or contractors.	
3	Formal Supervision/ Management Responsibilities	I am officially designed as a supervisor or manager for one or more employees.	

If you selected option 2 or 3 above, please describe your specific leadership/supervision responsibilities and number of projects or personnel supervised.



- **4. Essential Duties and Responsibilities**: In the table below, please describe your current actual and essential duties. Please keep in mind:
 - Essential duties are defined as those that comprise at least 5% of your work time.
 - List <u>duties that you perform on a regular basis</u>. Do not list one-off or abnormal assignments unless they are recurring. Do not list tasks from a job description or similar document unless those are current responsibilities you perform.
 - List duties in <u>descending order based on the percentage of your time spent on that duty</u>. Line #1 should state the duty that comprises the largest portion of your work time, and list subsequent duties in descending order. You may not need to use all 10 lines. Totals must equal 100%.
 - We recommend <u>25%</u> as the largest percentage identified for any listed duty. If any duty comprises more than 25% of your time, please consider splitting that duty into multiple lines to capture more detail.
 - Be <u>specific</u> and provide enough detail so that someone who may not be familiar with your position
 will have a clear understanding of what you do. For example, instead of writing "prepare reports",
 you may write "prepares project status reports" or "generates and analyzes support ticket reports"
 or similarly specific statements. Do not use acronyms.
 - Begin each statement with specific action verbs such as evaluate, analyze, design, review, etc.

	Job Duties List in descending order according to the portion of your work time spent on this duty. Begin in #1 with the duty that comprises the largest portion of your work time, and list subsequent duties in descending order.	% Time
Ex:	Generates and analyze support ticket reports	20%
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
	Please confirm that your total percentages equal 100%.	100%

5. Experience: Identify the minimum type and years of experience that you believe are required for entry into your position:

Type of Experience	Minimum Years
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6. Specialized Tools, Machinery, Equipment, Software: List any specialized software, applications, tools, machinery, equipment, used in your work and identify the amount of time spent using each:

Software, Tools, Machinery, Equipment	Level of Proficiency: Choose one: High Medium Low	Frequency: Choose one: Rarely <10% Occasionally 10-25% Moderately 25-50% Frequently >50%

7. **Special Requirements:** List any Registrations (R), Certifications (C), or Licenses (L) that are required for entry into this position. Please spell out any acronyms used. Please place an "X" to designate whether requirement is a Registration, Certification, or License.

Name of Registration, Certification, or License	R	С	L



8. Impact of Actions and Decisions: Indicate to what degree your responsibilities influence policy decisions, budgetary actions, costs, internal operations, and/or organizational reputation.

Answer Choice	Description	Place an "X" in one row only
Limited Impact	My actions have little to no impact or influence on policy decisions; budgets; costs; internal operations; and/or organizational reputation.	
Moderate Impact	My actions have moderate impact or influence on policy decisions; budgets; costs; internal operations; and/or organizational reputation.	
High Impact	My actions have significant impact or influence on policy decisions; budgets; costs; internal operations; and/or organizational reputation.	

If you selected Moderate or High Impact, please provide examples of specific actions you regularly take and how those impact the organization.				

9. Communication: What type of communication or interactions does the position have with others within or outside of the City departments or offices. Numbers below represent increasing complexity of communication and interactions. Please enter an "X" in the cell that best describes the positions' role.

Answer Choice	Description	Place an "X" in one row only
Routine	I obtain and convey / pass on factual and routine information with little to no translation, analysis, or clarification.	
Moderate Analysis	I obtain, adapt, analyze, and communicate relatively routine information. I make sure information is clearly presented and understood, often providing further explanation to help audiences understand.	
Complex Analysis	I obtain, adapt, analyze, and communicate complex or very detailed information that is subject to interpretation. This may sometimes involve coordination with others to analyze or interpret varied and complex information.	
Negotiation and Consensus-Building	I convey, discuss, or negotiate very detailed and complex information to obtain cooperation, participation, or consensus of others. These typically include decisions with significant impacts on the organization, program goals, and/or resources such as personnel and budgets.	



10. Physical Requirements: Please indicate the level of physical requirement for this position.

Answer Choice	Description	Place an "X" in one row only
Sedentary Work	Sedentary Work involves exerting up to 10 pounds of force occasionally or a negligible amount of force frequently to lift, carry, push, pull, or otherwise move objects. Sedentary work involves sitting most of the time but may involve walking or standing for brief periods of time.	
Light Work	Light Work involves exerting up to 20 pounds of force occasionally or up to 10 pounds of force frequently, or a negligible amount of force constantly to lift, carry, push, pull, or otherwise move objects. Even though the weight lifted may be only a negligible amount, a job/occupation is rated Light Work when it requires: (1) walking or standing to a significant degree; (2) sitting most of the time while pushing or pulling arm or leg controls; or (3) working at a production rate pace while constantly pushing or pulling materials even though the weight of the materials is negligible.	
Medium Work	Medium Work involves exerting 20 to 50 pounds of force occasionally or 10 to 25 pounds of force frequently or an amount greater than negligible and up to 10 pounds constantly to lift, carry, push, pull, or otherwise move objects.	
Heavy Work	Heavy Work involves exerting 50 to 100 pounds of force occasionally, or 25 to 50 pounds of force frequently, or 10 to 20 pounds of force constantly to lift, carry, push, pull, or otherwise move objects.	

11.	1. Additional Comments: Are there any additional comments you would like to make to assist in describing your position?	



Employee Certification

I certify that the statements and responses provided in this focurrent responsibilities to the best of my knowledge.	orm accurately and completely represent my
Employee Signature:	Date:
Note to Employee: Thank you for your time. After you complete please submit to your supervisor or Department Head fo March 15th.	
Supervisor / Department Head Certificat	ion
I certify that I have reviewed this form as completed by the above employee, and I agree with the information provided herein. The information in this document accurately and completely represents the employee's responsibilities to the best of my knowledge.	
In the text box below, please list any changes made to this P review. Supervisors should work with employees to make an should agree to the edits.	
Supervisor / Department Head Signature:	Date:
Note to Supervisor / Department Head: Thank you for your t	

Note to Supervisor / Department Head: Thank you for your time. After you complete your review and sign the certification above, please **submit to Human Resources by Wednesday, March 22**nd.