



INSTRUCTIONS FOR THE POSITION DESCRIPTION QUESTIONNAIRE

NAME:

The purpose of this questionnaire is to provide a complete description of your presently assigned duties. Should you be promoted, transferred, etc., this questionnaire should describe the work your replacement would be expected to perform.

This questionnaire is NOT a statement of your personal qualifications, NOT a measure of your individual competency, NOT concerned with amount or quality of your work, and NOT used for determining the number of positions needed.

In answering the questions, please be accurate and thorough. Also:

- Read all of the questions and instructions before beginning.
- If possible, allow more than one session for completing this. You may wish to respond to some questions first, then put it aside and return to it later.
- Do not use terms or abbreviations without writing out what they stand for (e.g., PDQ = Position Description Questionnaire).
- If you need more space to answer any of the questions, staple on additional sheets as necessary and label them with your name.
- If a question does not apply to your job, please write "n/a" in the blank.

When you have completed the questionnaire, turn it in to your immediate supervisor. It is due to your supervisor on

Question 2.5: This question does not refer to an annual performance appraisal. Rather, think in terms of how frequently you discuss assignments with your supervisor, how errors might be discovered, when and how frequently your day-to-day work is read over or otherwise reviewed, and related mechanisms by which guidance is given.

Question 6: Refer to the examples of duty statements below to help you in describing your own job:

Unclear Duty Statements

Clearer Duty Statements

Handle correspondence.

Receive, open, time stamp, sort, and route incoming mail.

Counsel clients.

Explain program eligibility standards and procedures to clients and assist them in completing forms.

Maintain grounds and landscaped areas.

Mow lawns with hand and power mowers. Rake and weed flowerbeds. Prune bushes. Trim trees from ladder or bucket truck, using hand and power saws.

SUPERVISORY POSITIONS: If you supervise other employees, and are completing this questionnaire regarding your own job, please attach an organization chart showing the positions that report to you.



POSITION DESCRIPTION QUESTIONNAIRE

Name:		Class Title:	
Department:		Division:	
Work Address:			
Work Phone:		E-mail Address:	
Work Shift:	Time in Current Job:	Time with the Agency:	

Koff & Associates will try to interview all employees in single-incumbent classifications and a representative number of employees (in a group setting) for multi-incumbent classifications. Please indicate with a check mark if you desire an individual interview.

1.0 PURPOSE: Briefly summarize the overall purpose of your position:

2.0 ORGANIZATIONAL CONTEXT: SUPERVISION RECEIVED

2.1 I report to: _____ (Name and title of immediate supervisor)

_____ (E-mail Address)

Others who report to the same supervisor:

Job Title

Name

2.2 How are your work priorities set (by you, by your supervisor, standard procedures, etc.)?

2.3 Describe the work decisions that you make on your own:

2.4 Which decisions do you refer to your supervisor, or to other departments within the organization?

2.5 How is your work checked in order to eliminate or reduce errors?

2.6 How frequently is your work checked/monitored?



2.7 What types of guidance are used to aid you in the performance of your duties (desk manuals, departmental procedures, established practices, regulations, etc.)?

2.8 How frequently do you meet with your supervisor (daily, weekly, monthly, rarely, as needed, etc.)?

3.0 ORGANIZATIONAL CONTEXT: SUPERVISION EXERCISED

3.1 Does your position supervise other employees? (Yes/No – If No, skip Part 3)

3.2 Name and title of employees that you directly supervise:

<i>Job Title</i>	<i>Name</i>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3.3 What is the nature and extent of the responsibility for employees under your supervision? Check all which apply:

<i>Check that applies</i>	
<input type="checkbox"/>	Plan work of others
<input type="checkbox"/>	Distribute work to others
<input type="checkbox"/>	Check work of others
<input type="checkbox"/>	Approve work of others
<input type="checkbox"/>	Train employees
<input type="checkbox"/>	Evaluate performance
<input type="checkbox"/>	Establish unit policy/procedure
<input type="checkbox"/>	Other, Please list:

<i>Approve</i>	<i>Recommend</i>	
<input type="checkbox"/>	<input type="checkbox"/>	Hire new employees
<input type="checkbox"/>	<input type="checkbox"/>	Terminate employees
<input type="checkbox"/>	<input type="checkbox"/>	Promote employees
<input type="checkbox"/>	<input type="checkbox"/>	Demote employees
<input type="checkbox"/>	<input type="checkbox"/>	Discipline employees
<input type="checkbox"/>	<input type="checkbox"/>	Approve leave
<input type="checkbox"/>	<input type="checkbox"/>	Approve pay increases
<input type="checkbox"/>	<input type="checkbox"/>	Other, Please list:



4.0 **EQUIPMENT:** List any machines, equipment, or vehicles you regularly operate in the course of work (e.g., office equipment such as computer, copy machine, etc.; hand and/or power tools; vehicles such as trucks, fork lifts, cars, etc.; heavy equipment such as loader, cranes, bulldozers, crane lifts, etc.)

Table with 3 columns: Type of Machinery/Equipment, Purpose for Which You Use It, What You do With It. Contains 10 rows of blank lines for data entry.

5.0 **CONTACTS:** Other than your supervisor and coworkers, with whom, inside and outside of the agency, do you have contact in the course of your work, and how frequently? (D=daily, W=weekly, M=monthly, I=infrequently: several times a year or less)

Table with 3 columns: Title, Regarding, Frequency. Contains 10 rows of blank lines for data entry.

6.0 **BUDGET:** Total dollar amount of budget under your control: _____

6.1 Describe your responsibility for budget expenditures and control over revenue generation or cost savings:



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8.0 Which of your duties do you consider most complex or difficult, and why?

9.0 If your position responsibilities have changed significantly in the past two years, please explain how:

10.0 **SENSORY DEMANDS:** Indicate which sensory abilities are required in the performance of your job, and: In the **FREQ** column, show how often you use the sensory ability in the course of your work. Use these codes: **SD**=several times daily; **D**=daily; **W**=weekly; **M**=monthly; **I**=infrequently: several times a year or less.

Yes / No	Sensory Demand	FREQ
	SIGHT in order to _____	
	COLOR VISION in order to _____	
	HEARING in order to _____	
	SMELL in order to _____	
	SPEECH in order to _____	
	TOUCH in order to _____	

11.0 **PHYSICAL DEMANDS:** Indicate which physical abilities are required in the performance of your job, and: In the **FREQ** column, show how often you perform the physical activity in the course of your work. Use these codes:

SD=several times daily; **D**=daily; **W**=weekly; **M**=monthly; **I**=infrequently: several times a year or less.

Yes / No	Physical Demand	FREQ
	SITTING in order to _____	
	STANDING in order to _____	
	WALKING in order to _____	
	RUNNING in order to _____	
	CLIMBING in order to _____	
	BENDING in order to _____	
	STOOPING in order to _____	
	KNEELING in order to _____	
	HAND/FINGER MOVEMENT: GRASPING in order to _____ FINE MANIPULATION in order to _____	
	LIFTING in order to _____ Avg # lbs: _____ Max # lbs: _____	
	CARRYING in order to _____ Avg # lbs: _____ Max # lbs: _____ Avg dist: _____ ft. Max dist: _____ ft.	
	PUSHING in order to _____ Avg # lbs: _____ Max # lbs: _____ Avg dist: _____ ft. Max dist: _____ ft.	
	UNUSUAL FATIGUE FACTORS (e.g., wearing heavy protective clothing)	



	OTHER physical demands (list and explain):	
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12.0 ENVIRONMENTAL CONDITIONS: Indicate which conditions are required in the performance of your job, and: In the **FREQ** column, show how often you work in the environmental condition. Use these codes: *SD*=several times daily; *D*=daily; *W*=weekly; *M*=monthly; *I*=infrequently: several times a year or less.

Yes / No	Environmental Condition	FREQ
	Typical office conditions: _____	
	Work outdoors: _____	
	Exposure to extreme temperatures: _____	
	Exposure to extreme weather conditions: _____	
	Exposure to toxic/poisonous substances: _____	
	Exposure to biologic/infectious agents: _____	
	Exposure to dust, fumes, and/or allergens: _____	
	Exposure to excessive noise: _____	
	Exposure to unpleasant odors: _____	
	Exposure to vermin, insects, parasites etc.: _____	
	Work near hazardous/moving equipment or machinery: _____	
	Work at heights: _____	
	Work below ground: _____	
	Use protective clothing, equipment, devices, materials: _____	
	Work with hostile, violent and/or offensive individuals: _____	
	Other environmental conditions (list and explain): _____	

13.0 EDUCATION

13.1 List below the educational degrees and diplomas that you currently hold and indicate what minimum level of education you believe is required to satisfactorily perform your job at the time of hire.

Educational Degrees – Diplomas	Awarding Institution	Required (Yes/No)

13.2 List below any licenses, professional or technical certificates that you currently hold and indicate what minimum level of certification/license you believe is required to satisfactorily perform your job at the time of hire.

Certificate – Licenses	Awarding Institution	Required (Yes/No)



EMPLOYEE NAME: _____

IMMEDIATE SUPERVISOR'S COMMENTS

Instructions: Review the employee's questionnaire carefully to see that it is accurate and complete. Do not change or alter the employee's statements or entries in the questionnaire. If you feel that the employee's description is not accurate, use the spaces provided below to clarify or elaborate on the description. Do not make any statements or comments about the employee's work performance or competence.

How long have you supervised this employee? _____

Which of the employee's duties do you consider most important or difficult?

If you had to replace the employee, what qualifications would be most important to you? What would the minimum educational and experience requirements be?

Do you agree with the employee's description of his/her work job and its requirements?

Use this space to add information or clarification to the employee's questionnaire.

Except as noted above, the employee's questionnaire is an accurate and complete representation of his/her work.

SIGNATURE: _____

DATE: _____

Print name and title: _____

DEPARTMENT MANAGER'S COMMENTS

Which of the employee's duties do you consider most important or difficult?

Use this space to add information or clarification to the questionnaire, or other pertinent information.

Except as noted above, the employee's questionnaire is an accurate and complete representation of his/her work.

SIGNATURE: _____

DATE: _____

Print name and title: _____