

# Position Description Questionnaire

To fill out this form electronically, simply use your Tab key to move to each shaded field that requires your input (or Shift-Tab to go to the previous shaded field), or you can use your mouse to place the cursor on one of the shaded areas, and then start typing. Each field will auto­matically expand to fit the amount of text you enter.

## BACKGROUND INFORMATION

|  |  |
| --- | --- |
| Full Name:  | Classification Title:   |
| Department/Program:        | Working title (if any):       |
| Work days/hours:       | Work phone number:       |
| Length of time in present assignment:       | Length of time at College:       |
| Name and title of immediate supervisor/manager:       |
| **SUPERVISION EXERCISED** |  |
| If you supervise employees, how many?       Directly       Through others |
| Name of department and classifications you supervise/manage on an annual basis:     JOB PURPOSEBriefly summarize what you do. What are the primary services or work results you are responsible for providing?      |

Why is this work done?

| **Position Functions & Responsibilities****(List major tasks for each function performed)** | **%****Time Annually** | Frequency: Daily, Wkly, Monthly, Annually | **Knowledge, Skills & Abilities Required; Special Licenses or Certifications** | **Equipment**, **Tech­­­nology or Materials Used** |
| --- | --- | --- | --- | --- |
| 1.       |       |       |       |       |
| 2.       |       |       |       |       |
| 3.       |       |       |       |       |
| 4.       |       |       |       |       |
| 5.       |       |       |       |       |
| 6.       |       |       |       |       |
| 7.       |       |       |       |       |
| 8.       |       |       |       |       |

 Total: 100%

**PROBLEM SOLVING AND DECISION MAKING**

Briefly describe the typical problems you are responsible for analyzing, evaluating and resolving. What refer­ences (policies, guides, codes, other people, etc.) do you use in reaching conclusions and creating solutions?

Give examples of decisions you are allowed to make and ones on which your manager must give final approval.

Explain the consequences to the department or the College if errors occur in your personal work or the work of staff you supervise.

SUPERVISORY AND MANAGEMENT RELATIONSHIPS

**Leadership of Employees**

Check the statement below that best describes your supervisory and/or management duties.

[ ]  No supervisory responsibilities.

[ ]  Lead Supervision: assign and review work of other employees for completeness, accuracy and conform­ance with standards; provide subject-matter expertise to other employees; train new employees; provide orientation to other employees on their assignments; provide input to employee disciplinary actions and performance evaluations.

[ ]  Project Team Leadership: provide guidance and expertise to professional employees assigned to a project team or special project; guide and direct project team assignments and quality of work; provide input on project team member performance evaluations, but do not exercise full supervisory responsi­bilities.

[ ]  Full Supervision: select and train new employees; plan, assign, schedule and evaluate completed work; approve overtime as required; prepare and sign employee performance evaluations; respond to griev­ances and take disciplinary action, subject to management concurrence and in accordance with College policies.

[ ]  Management/Administration: plan, organize, implement and administer a department, unit or functional program through subordinate supervisors and/or managers; coordinate and integrate functional respons­ibilities with other departments to achieve efficient, effective and customer-responsive performance; supervise direct subordinates and oversee and direct the completion of work programs by staff under their supervision; provide second or third level responses to grievances; provide management oversight of employee disciplinary actions.

Approximate percentage of time you spend in performing supervisory or management duties:

**Supervision You Receive**

Check the statement below that best describes the type of supervision you receive in carrying out your assigned responsibilities.

[ ]  Detailed instructions on new types of assignments; most work is reviewed in progress for adherence to standards, guidelines, soundness of judgment and conclusions and accuracy.

[ ]  Purpose, desired results and general approach to assignments are outlined; deviations from guidelines must be referred to supervisor/manager; routine or recurring work reviewed on occasion; other work reviewed for technical adequacy, soundness of judgment and conclusions, and conformance with standards, practices and precedents.

[ ]  Purpose and desired results are discussed; deviations from guidelines and procedures are reviewed at my discretion; recommenda­tions on important issues are reviewed for policy considerations; subject-matter instruction and direction are not given unless requested.

[ ]  General objectives and operational boundaries are discussed; problems related to objectives and boun­daries are reviewed; subject-matter instruction and direction are typically not given; decisions and recommendations are reviewed for compliance with policy and standards/legal requirements and for results achieved.

[ ]  Only major issues and projects that affect departmental or broader College issues or goals are discussed; decisions are reviewed for the quality and effectiveness of results achieved, compliance with all relevant legal requirements and impacts on College operations and service.

## TYPES OF INTERPERSONAL CONTACTS

Describe the types of contacts you have with other individuals within the College and with individuals not employed by the College. Briefly describe the nature and purpose for the contacts, the level and complexity of the information dealt with and their frequency.

|  |  |  |
| --- | --- | --- |
| Types of Internal & External Contacts | Nature, Purpose & Complexity of Contacts | Frequency of Contacts |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

**RECORDS AND REPORTS**

Describe any major records and/or reports you regularly prepare, update or maintain.

|  |  |  |
| --- | --- | --- |
| Name/Type of Record/Report | Frequency Prepared | Sent to |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

## PHYSICAL AND MENTAL DEMANDS & ENVIRONMENTAL CONDITIONS

Think about the duties you perform **on a daily basis**, then click on the applicable boxes for the Physical and Mental Demands and Environmental Conditions that are involved in carrying out those duties.

|  |  |  |
| --- | --- | --- |
| Physical Activity[ ]  Stand [ ]  Walk[ ]  Sit [ ]  Talk [ ]  Use hands to finger, handle or feel[ ]  Repetitive movement of hands, wrists or feet[ ]  Climb or balance[ ]  Stoop, kneel, bend, crouch or crawl[ ]  Reach with hands or arms[ ]  Taste or smell[ ]  Drive a vehicle | Weight Lifted or Force Exerted in Pushing/Pulling [ ]  Up to 10 pounds[ ]  11 to 25 pounds[ ]  26 to 50 pounds[ ]  51 to 100 pounds[ ]  Over 100 pounds | Vision Requirements[ ]  Close vision (20 inches or less)[ ]  Distance vision (20 feet or more)[ ]  Use of both eyes (field of vision)[ ]  Ability to distinguish basic colors and/or shades[ ]  Depth perception[ ]  Peripheral vision[ ]  Ability to adjust focus[ ]  Ability to view small-font words/ symbols on computer monitor for extended periods |
| ***Hearing Requirements*** | Mental Demands (learned mental skills or conditions that call for mental discipline) | Environmental (Working) Conditions |
| [ ]  Ability to hear telephone conversations[ ]  Ability to hear in-person conversations under normal office conditions[ ]  Ability to hear signal warnings while operating and/or working around moving equipment[ ]  Ability to differentiate operat­ing equipment sounds | [ ]  Oral/written communication[ ]  Read documents or instru­ments[ ]  Analyze and solve problems[ ]  Interpret data or information[ ]  Observe[ ]  Use math/mathematical reasoning[ ]  Learn and apply new informa­tion or skills[ ]  Highly detailed work[ ]  Changing, intensive deadlines[ ]  Constant interruptions[ ]  Multiple, concurrent tasks[ ]  Frequent contact with the public[ ]  Deal with dissatisfied/abusive individuals[ ]  Deal with elected officials and/or other departments’ management | [ ]  Wet, humid conditions (non-weather)[ ]  Work near moving mechanical parts[ ]  Work near moving equipment[ ]  Work near heavy traffic[ ]  Work on ladders/scaffolding or in high, precarious places[ ]  Work in confined spaces[ ]  Work on uneven or slippery surfaces[ ]  Fumes or airborne particles[ ]  Toxic or caustic chemicals[ ]  Biological hazards[ ]  Outdoor weather conditions[ ]  Extreme heat and cold[ ]  Risk of electrical shock[ ]  Risk of radiation[ ]  Exposure to heavy vibration[ ]  Loud or prolonged noise levels[ ]  Wear breathing apparatus |

## ADDITIONAL INFORMATION

Please review your questionnaire to be sure it fully describes all important aspects of your responsibilities and job requirements. Provide additional information here (or on supplemental pages) on any element of your position not adequately covered on the previous pages.

## EMPLOYEE SIGNATURE

The information provided in this questionnaire is complete and accurate to the best of my knowledge.

 Signature Date