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| **Position Description Questionnaire (PDQ)** |

*Instructions*: Provide ALL the information requested below and return to your immediate supervisor.

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| **Employee ID#** | Click here to enter text. |
| **Employee Name** | Click here to enter text. |
| **Classification** | Click here to enter text. |
| **Working Title** | Click here to enter text. |
| **Department** | Click here to enter text. |
| **Length of Service in Position** | Click here to enter text. |
| **Date Prepared** | Click here to enter text. |
| **Supervisor’s Name** | Click here to enter text. |
| **Supervisor’s Classification** | Click here to enter text. |

**Definition**: Briefly summarize the general purpose of your job.

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| Click here to enter text. |

**Essential Duties**: Summarize the key tasks you perform in order of importance to accomplish your position’s purpose including the percentage of time spent performing each task (total percentage must equal 100%).

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| **Duty**  | **Percent of Time** |
| 1. Click here to enter text. | Choose an item. |
| 2. Click here to enter text. | Choose an item. |
| 3. Click here to enter text. | Choose an item. |
| 4. Click here to enter text. | Choose an item. |
| 5. Click here to enter text. | Choose an item. |
| 6. Click here to enter text. | Choose an item. |
| 7. Click here to enter text. | Choose an item. |
| 8. Click here to enter text. | Choose an item. |
| 9. Click here to enter text. | Choose an item. |
| 10. Click here to enter text. | Choose an item. |

**Employees Supervised**: Please list the employees (if any) for whom you have any supervisory responsibilities.

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| **Employee Name** | **Classification Code** | **Working Title** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |

**Supervisory Responsibilities**: Please note which of the following supervisory responsibilities you exercise.

|  |  |
| --- | --- |
| **Function** | **Perform** |
| Set Work Schedules for Employees | yes [ ]  no [ ]  |
| Recommend Hire of New Employees | yes [ ]  no [ ]  |
| Train New Employees | yes [ ]  no [ ]  |
| Conduct Performance Evaluations for Employees | yes [ ]  no [ ]  |
| Determine Job Roles and Responsibilities of Employees | yes [ ]  no [ ]  |
| Recommend Discipline for Employees | yes [ ]  no [ ]  |
| Assign Work to Employees | yes [ ]  no [ ]  |
| Ensure Work is Completed by Employees | yes [ ]  no [ ]  |

**Education and Experience**: Note the minimum level of education and experience that is required for your position.

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| Education:Choose an item. | Experience: Choose an item. |

**Licenses or Certifications:** List any licenses or certifications that are required for your positon.

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| Click here to enter text. |

**Physical Activity**: Choose how often these type of tasks are generally performed in the course of your job.

|  |  |  |  |
| --- | --- | --- | --- |
| Sitting: Choose an item. | Standing: Choose an item. | Walking: Choose an item. | Running: Choose an item. |
| Kneeling: Choose an item. | Crouching: Choose an item. | Crawling: Choose an item. | Lifting: Choose an item. |

**Employee’s Comments**: The employee should list any additional information that was not able to be addressed in the preceding entries.

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| Click here to enter text. |

**Supervisor’s Comments:** The employee’s immediate supervisor should provide below any comments on his/her employee’s PDQ.

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| Click here to enter text. |

**Signatures**:

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| **Individual** | **Name (Print)** | **Name (Signature)** | **Date Signed** |
| Employee | Click here to enter text. |  | Click here to enter a date. |
| Immediate Supervisor | Click here to enter text. |  | Click here to enter a date. |
| Department HR | Click here to enter text. |  | Click here to enter a date. |