

# POSITION DESCRIPTION QUESTIONNAIRE

**GENERAL INFORMATION:**

Name and Employee ID Number of Employee Occupying the Position or if Position is not Occupied, Indicate Whether Position is New or Vacant.	Current Official Job Title and Code Assigned to the Position	
Agency Division	Current Date	PIN:
Unit Where the Position is Assigned	Work Location	
Name and Work Telephone of Individual Completing this Form	Job Title of Individual Completing this Form	

**PART A - DESCRIPTION OF DUTIES PERFORMED**

A. Briefly, what is the major purpose of the job? Describe the general functions and major responsibilities of the position.

B. List the various duties of the job. Describe these duties so specifically that they will be clear to someone who is not familiar with the work. Please estimate the percentage of time spent performing each duty. The total of the percentages should equal 100%. If supervisory duties are assigned, be sure to describe those duties in detail as well. Please rank the duties in order of importance (most important first).

Percentage of time spent	Duty Statements


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**PART B - SUPERVISORY DUTIES**

- A. Does this position supervise other employees?  Yes  No  
 Do any of these employees supervise others?  Yes  No

- B. List the number, job title and name of employees directly supervised.

NOTE: Supervision must include approval of leave and completion of performance evaluations.

Number of Employees Supervised	Job Title and Job Code of Employees Supervised	PIN:

- C. Describe the general purpose and type of work performed by employees supervised by this position.

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**PART C - WORK GUIDELINES**

List specific laws, regulations, instructions or procedures that must be used or followed in performing this job. Describe how these laws, regulations, etc., are used in this work.

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**PART D - DECISION MAKING**

What decisions are made without reference to higher authority? What aspects are checked or reviewed by others? What kinds of errors in judgment or performance can be made by this position? What happens if such an error or mistake is made?

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**PART E - SUPERVISION RECEIVED**

- A. Who assigns work to this position? (Job Title and Job Code of \_\_\_\_\_  
individual)
- B. Who checks the work upon completion? (Job Title and Job Code of \_\_\_\_\_  
individual)
- C. What level of supervision or direction is received in performing the assigned duties? (Check one)
- Assignments are well detailed and well prescribed by the supervisor.
  - Assignments are prescribed, but the methods are not typically reviewed nor controlled while the work is in progress.
  - Position is free from both technical and administrative oversight while the work is in progress.
  - Position is free from active technical control in planning and carrying out work responsibilities.
  - Position is provided with technical and administrative freedom to plan, develop and organize all phases of the work necessary for its completion within broad program guidelines.

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**PART F - PERSONAL CONTACTS**

Describe the different kinds of people contacted in carrying out the work. Describe the purpose, nature and frequency of these contacts. Also indicate whether they are in person, by correspondence or by telephone.

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**PART G - FISCAL IMPACT OF WORK (If none, please write NONE.)**

- A. List the approximate payroll cost for positions supervised: \_\_\_\_\_
- B. List the approximate operating budget for which the position is personally responsible: \_\_\_\_\_
- C. List and describe other dollar amounts for which the position has direct responsibility: \_\_\_\_\_

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**PART H - SPECIAL REQUIREMENTS**

- A. Does the job require travel?  Yes  No If yes, what percent of the work week is spent in a travel status?
- B. What licenses or certificates are required to perform the work? List the source for such licenses or certificates.

<b>CENTRAL HR USE ONLY</b>
ALLOCATED TO: _____ PIN: _____ Job Title and Code
BY: _____ Date _____ Agency Reviewer
Comments or Notations: