Oklahoma Department of Corrections POSITION DESCRIPTION QUESTIONNAIRE

Part 1 - GENERAL INFORMATION

Name and Employee Identification Number of Employee Occupying the Position or if Position is not Occupied, Indicate Whether Position is New or Vacant	Current Official Job Title (Do not use "working" title)	
Facility/Unit	Current Date	PIN:
Name and Work Telephone of Appointing Authority or Designee Completing this Form	Job Title of Appointing Authority or Designee Completing this Form	

Attachments required:

- 1. Organizational Chart identifying position (highlighted or circled).
- 2. Unscored performance appraisal accountability statements for.

Part 2 - DESCRIPTION OF DUTIES PERFORMED

- A. Briefly, what is the basic purpose of the position?
- B. List the five to ten primary functions of the position. 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

Part 3 - SUPERVISORY DUTIES

A.	Does this position supervise other e Do any of these employees supervise					
B.	List the name(s), job title(s) and PIN number(s) of employees directly supervised. NOTE: A "SUPERVISOR" IS DEFINED AS HAVING RESPONSIBILITY FOR COMPLETING THE PERFORMAN EVALUATIONS (PMP) FOR SUBORDINATES.					
	Name of Employee Supervised	Job Title of Employee Supervised	PIN			
	Name of Employee Gapervisea	The of Employee Supervised				
Lis hov	art 4 – WORK GUIDELINES t specific laws, regulations, instructions w these laws, regulations, etc., are used		lowed in performing this job. Describe			
Wh kin			e checked or reviewed by others? What appens if such an error or mistake is			
Pa	art 6 – SUPERVISION RECEIVE	D				
A.	Who assigns work to this position?	(Job Title and Job Code of Individu	al)			
В.	Who checks the work upon completion	n? (Job Title and Job Code of Individu	al)			
C.	What level of supervision or direction i	s received in performing assigned dutie	es? (Check one)			
	progress. ☐ Position is free from both technical	well prescribed by the supervisor. e methods are not typically reviewed no and administrative oversight while the vertical in planning and carrying out work re	work is in progress.			

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Part 7 – PERSONAL CONTACTS	
Describe the different kinds of people contacted in carrying out the work. Describe the purpose, nature and these contacts. Also indicate whether they are in person, by correspondence or by telephone.	nd frequency of
Part 8 – 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:	
Part 9 - SPECIAL REQUIREMENTS	
What licenses or certificates are required to perform the work? List the source for such licenses or certific	ates.
Part 10 - SECTION FOR APPOINTING AUTHORITY OR DESIGNEE I certify that the responses to this questionnaire are, to the best of my knowledge, complete and accurate duties assigned to this position on a regular and consistent basis.	te and reflect the
Signature of Appointing Authority or Designee Completing this Section Date	
ATTACH A CURRENT ORGANIZATION CHART AND HIGHLIGHT OR CIRCLE THE AFFECTED POSI ATTACH A PMP (ACCOUNTABILITIES ONLY) FOR CENTRAL HUMAN RESOURCES USE ONLY Allocated to New Job Job Title and Code	ITION
FOR CENTRAL HUMAN RESOURCES USE ONLY Allocated to New Job Job Title and Code	ITION
FOR CENTRAL HUMAN RESOURCES USE ONLY Allocated to New Job Allocated to Existing Job	ITION

□ 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.

(R 12/22)