

Oklahoma Department of Corrections UNCLASSIFIED 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 all occupied positions.

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 employees? Yes No
 Do any of these employees supervise others? Yes No
- 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 PERFORMANCE EVALUATIONS (PMP) FOR SUBORDINATES.

Name of Employee Supervised	Job Title of Employee Supervised	PIN

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

Part 4 – 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.

Part 5 – 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?

Part 6 – 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 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 which the work is in progress.
 - Position is free from both technical and administrative oversight while the work is in progress.
 - Position is free 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.

Part 7 – 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.

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 certificates.

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 and reflect the duties assigned to this position on a regular and consistent basis.

Signature of Appointing Authority or Designee Completing this Section Date

**ATTACH A CURRENT ORGANIZATION CHART AND HIGHLIGHT OR CIRCLE THE AFFECTED POSITION
ATTACH A PMP (ACCOUNTABILITIES ONLY) FOR ANY CURRENT INCUMBENT**

FOR CENTRAL HUMAN RESOURCES USE ONLY	
<input type="checkbox"/> Allocated to New Job	<input type="checkbox"/> Allocated to Existing Job
Unclassified Job Title and Code _____	
Approved by: _____ <small style="text-align: center;">Name and Title</small>	Date: _____