



**DEPT. OF ADMINISTRATIVE SERVICES**

# Position Description Questionnaire

<b>FOR STATE PERSONNEL USE ONLY</b>
Class Code:
Class Title:
Date Received:
Analyst:
Date Completed:

Agency

Division

Request initiated by:	Employee	Management	State Personnel
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Purpose of request:	Reclassify position	Create position	Class study
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Position Number

Current Class Title	Class Code
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Requested Class Title*	Class Code
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*\*Required for Employee Initiated requests.*

Employee Name (if position is occupied)

Employee Work Phone	Work Email
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Immediate Supervisor Name	Supervisor Title
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Supervisor Phone	Supervisor Email
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1. Explain the reasoning for submitting this request, including why the current classification is inappropriate.

2. If a specific classification is being requested, please explain why the requested classification better describes the duties and responsibilities assigned.

3. Describe the essential purpose and contribution of this position to the mission of its work unit and/or to the programs of the agency. Describe what this position does, not the work done by the entire work unit. Explain the primary reason the position exists and the services or products and end results to be accomplished.

4. Please provide any additional situational or background information, which may be relevant (e.g. were the new duties/s added as a result of legislation or regulation changes, have they been delegated from another employee (if so who), or a reorganization which has changed the work of this position, etc.).

5. Does this position directly supervise any other employees? Yes  No   
*If yes, click here to complete the Supervisory Exclusion Questionnaire. Please submit it with this form.*

6. Does this position have financial (budgetary or procurement) responsibilities? Yes  No   
*If yes, click here to complete the Financial Responsibilities Questionnaire. Please submit it with this form.*

7. Attach to this questionnaire a current agency organization chart showing where this position is located (circle or highlight the position on this chart). Please include the agency employees directly and indirectly supervised by this position and at least two levels of supervisors immediately above this position.

**8. Essential Duties of the Position:**

Please list and describe the essential duties assigned to this position. Explain what is performed, how it is performed, who or what is impacted, and other positions/contacts involved with the performance of the duty.

Do not include a duty which occupies less than 5% of your time unless it is essential to the position. The total of all percentages should account for between 90% and 100% of the position's time.

<b>Essential Duties of the Position</b>			
<b>Duty</b>	<b>Percentage of Time</b>	<b>Criticality (1 = Most Critical 5 = Least Critical)</b>	<b>New Duty</b>

**9. Nature and Impact of Independent Decisions Made:**

Describe the decisions you normally make without higher approval or review. Who or what is affected by these decisions? Describe possible errors in judgment that might occur. What are the consequences of errors made?

*After completing this section of this questionnaire, please sign and date it, and then give it to your immediate supervisor for review and notify Human Resources.  
Thank you for your time and cooperation.*

By entering your name below, you are signing this form and certifying that the responses provided in this questionnaire accurately and completely describe the current duties and responsibilities of this position.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

