**FOR STATE PERSONNEL USE ONLY**

Class Code: Click here to enter text.
Class Title: Click here to enter text.
Date Received: Click here to enter a date.
Analyst: Click here to enter text.
Date Completed: Click here to enter a date.

# Position Description Questionnaire (PDQ)

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| --- | --- |
| **Agency:** | Click here to enter text. |
| **Division:** | Click here to enter text. |
| **Request initiated by:** | Choose an item. |
| **Purpose of Request:** | Choose an item. |
| **Position Number:** | Click here to enter text. |
| **Current Class Title:** | Click here to enter text. |
| **Current Class Code:** | Click here to enter text. |
| **Requested Class Title:** | Click here to enter text. |
| **Requested Class Code:** | Click here to enter text. |
| **Employee Name (if position is occupied):** | Click here to enter text. |
| **Employee Work Phone:** | Click here to enter text. |
| **Employee Work Email:** | Click here to enter text. |
| **Supervisor Name:** | Click here to enter text. |
| **Supervisor Title**: | Click here to enter text. |
| **Supervisor Phone:** | Click here to enter text. |
| **Supervisor Email:** | Click here to enter text. |

1. **Explain the reason for submitting this request, including why the current classification is inappropriate.** Click here to enter text.
2. **If a specific classification is being requested, please explain why the requested classification better describes the duties and responsibilities assigned.** Click here to enter text.
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.** Click here to enter text.
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.).** Click here to enter text.
5. **Does this position directly supervise any other employees?** Choose an item.
***IF YES****,* [*click here to complete the Supervisory Exclusion Questionnaire*](https://das.nebraska.gov/personnel/classcomp/docs/Supervisory%20Questionnaire.doc)*. Please submit with this form.*
6. **Does this position have financial (budgetary or procurement) responsibilities?** Choose an item. ***If YES****,* [*click here to complete the Financial Responsibilities Questionnaire*](https://das.nebraska.gov/personnel/classcomp/docs/Financial%20Responsibilities%20Questionnaire.pdf)*. Please submit with this form.*

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

1. **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.

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| Essential Duties of the Position |
| Description of Duty | **Percentage****of Time** | **Criticality****1 = Most Critical****5 = Least Critical** | **New Duty****(Yes or No)** |
| 1. Click here to enter text.
 | % | Choose an item. | Choose an item. |
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1. **Nature and Impact of Independent Decisions Made.**

Describe the three highest level conclusions or resolutions that this position may make *without* input or approval from your supervisor or manager. What must be taken into consideration in order to make the determination? Who or what is affected by these decisions? What is the potential impact if an error is made? What steps are taken to correct the error?

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| 1. Click here to enter text.
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***After completing the above section 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.*

|  |  |
| --- | --- |
| Click here to enter text. | Click here to enter a date. |
| **Employee Signature** | **Date** |

## Supervisor’s and Management’s Review

1. **List the type and amount of education and/or experience a person must possess to perform the essential functions of this position.** Click here to enter text.
2. Please review the employee’s responses carefully to see whether you think they provided an accurate and complete description of the position. If you disagree with the statements or pertinent information is missing, please list the section and provide your comments below. Please clearly label each reviewer’s comments. The employee’s work performance will not be considered in the classification review of this position. **DO NOT CHANGE ANY OF THE EMPLOYEE’S RESPONSES.**

|  |  |  |
| --- | --- | --- |
| Section | Reviewer | Comments |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
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*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 based on your understanding, except as noted in the comments section above.*

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| Click here to enter text. | Click here to enter a date. |
| **SUPERVISOR Signature** | **Date** |

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| Click here to enter text. | Click here to enter a date. |
| **DIVISION DIRECTOR or ADMINISTRATOR Signature** | **Date** |

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| --- | --- |
| Click here to enter text. | Click here to enter a date. |
| **AGENCY DIRECTOR or DESIGNEE’S Signature** | **Date** |