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| Management  and Personnel  Services Group | Position Description Questionnaire **To the Employee:** This written information is of great value in understanding and evaluating the duties and responsibilities of the job that you presently hold. These questions should assist you in describing your work and clearly explaining your duties.  Read the questions carefully and try to answer so than anyone who does not know the job can understand what you do. Think and write in terms of what you do and how and why you do it. Specific examples and samples of your tasks will be helpful. (If you are completing this description via computer, do not worry about retaining our spacing – simply fill out the questions, use as many pages as you need, and make a printed copy when you’re done. Sign the printed form and give it to your supervisor for review) |

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| **Last Name, First Name, Middle Initial** | **Organization/Department** |
| **Present Class Title** | **Division/Section** |
| **Name/Title of Immediate Supervisor** | **Work Address** |
| **Building/Street Location** | **Telephone Number** |
| **How long have you been in this job?** | **Regular Work Hours (i.e. 8:00 - 5:00 pm, etc.)** |
| **How long have your duties been the same?** | **Regular Work Days (i.e. Monday - Friday, rotating shifts, etc.)** |
| **E-mail address**  **If you have supervisory responsibilities, list the employee names and their position titles here.** | |
| **What is the primary purpose of your job?** *Describe the role of your job, the purpose of your job, and the major functions in which you participate or for which you are responsible.* | |

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| **Here and on additional sheets, list the major functional elements of your job**. Under each, describe the required duties, tasks and responsibilities of the work assigned. In the small left-hand column, indicate the percent of time you spend in each functional element. The percentage amounts should add up to 100%. | |
| Percent of  time (%) |  |

**Other descriptive elements of your job. If you need more space, use additional sheets of paper.**

1. What manuals, guidelines, references, and resources do you use in your job?

2. How, when and by whom is your work reviewed and monitored?

3. List the equipment used in your job. Indicate beside each the frequency of use?

4. Which of your duties do you consider the most difficult and why?

5. Explain the public contact functions of your job. Who do you have contact with and what do you do when you have that contact?

6. In what areas of your job do you make decisions for your department?

I have described my job to the best of my ability and have correctly given the information regarding my duties and responsibilities.

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Employee’s Signature Date

**To the Supervisor:** *Please review the answers of the employee for completeness and accuracy. Do NOT change any answers without discussing with the employee. If you and the employee cannot agree, please give your opinion under General Comments, clearly identifying the points of disagreement and then answer the additional questions. Keep the position in mind, not the current employee. If you need more space, use additional sheets of paper.*

1. General Comments:

2. What knowledge, skills and abilities are required in this position?

3. What educational background is needed to perform these duties and responsibilities? What kind and how many years of work experience are needed?

4. Is a license or certificate required? What kind and type?

5. List the most important tasks in the job. Why?

6. Explain the nature and type of supervision, review and monitoring you do of this position.

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Supervisor’s Signature Date

**To the Department Director, if applicable:**

*Review this description and make any clarifications you feel necessary below, or on additional sheets of paper.*

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Department or Division Director Signature Date

**Checklist for Physical Activities and Requirements, Visual Acuity**

**and Working Conditions of the Position**

Supplemental information to assist organizations in their compliance with the

Americans with Disabilities Act (ADA) and Occupational Safety and Health Act (OSHA)

**1. The physical activity of this position *(please check ALL blocks that apply)***

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| **Employee** | **Supervisor** | *Employee checks all applicable blocks; supervisor only checks a block if he/she has a different opinion* | |
|  |  | A | Climbing: Ascending or descending ladders, stairs, scaffolding, ramps, poles, and the like, using feet and legs and/or hands and arms. Body agility is emphasized. This factor is important if the amount and kind of climbing required exceeds that required for ordinary locomotion. |
|  |  | B | Balancing: Maintaining body equilibrium to prevent falling when walking, standing, or crouching on narrow, slippery or erratically moving surfaces. This factor is important if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium. |
|  |  | C | Stooping: Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles. |
|  |  | D | Kneeling: Bending legs at knee to come to a rest on knee or knees |
|  |  | E | Crouching: Bending the body downward and forward by bending leg and spine |
|  |  | F | Crawling: Moving about on hands and knees or hands and feet |
|  |  | G | Reaching: Extending hand(s) and arm(s) in any direction |
|  |  | H | Standing: Particularly for sustained periods of time |
|  |  | I | Walking: Moving about on foot to accomplish tasks, particularly for long distances or moving from one work site to another |
|  |  | J | Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward |
|  |  | K | Pulling: using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion |
|  |  | L | Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to a considerable degree and requires the substantial use of the upper extremities and back muscles |
|  |  | M | Fingering: Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling |
|  |  | N | Grasping: Applying pressure to an object with the fingers and palm |
|  |  | O | Feeling: Perceiving attributes of objects, such as size, shape, temperature, or texture by touching with skin, particularly with fingertips |
|  |  | P | Talking: Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken Instructions to other workers accurately, loudly, or quickly |
|  |  | Q | Hearing: Perceiving the nature of sounds at normal spoken word levels with or without correction. |
|  |  | R | Repetitive motions: Substantial movements (motions) of the wrists, hands and/or fingers |

**2. Physical requirements of this position *(please check ONLY ONE block that most closely applies)***

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|  |  | A | Sedentary work: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally, and all other sedentary criteria are met |
|  |  | B | Light work: Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work |
|  |  | C | Medium work: Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects. |
|  |  | D | Heavy work: Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects |
|  |  | E | Very Heavy work: Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects |

**3. The job’s visual acuity requirements including color, depth perception and field of vision**

***(please check the blocks to the left of letters A, B, C, or D that apply, and check applicable specific blocks )***

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| **Employee** | **Supervisor** | *Employee checks the applicable block; supervisor only checks a block if he/she has a different view* | |
|  |  | A | The worker is required to have close visual acuity to perform one or more of the following *(Check ALL of the following list which apply)* [ ] preparing and analyzing data and figures; [ ] accounting; [ ] transcription; [ ] computer terminal;  [ ] extensive reading; [ ] visual inspection involving small defects, small parts, operation of machines (including inspection) [ ] using measurement devices; [ ] assembly or fabrication of parts at distances close to the eyes |
|  |  | B | The worker is required to have visual acuity to perform one or more of the following *(Check ALL of the following list which apply)* [ ] operating machinery such as lathes, drill presses, power saws and mills where seeing the job is at or within arm’s reach; [ ] performing mechanical or skilled trades tasks of a non-repetitive nature such as carpenters, technicians, service people , plumbers, painters, mechanics, etc. |
|  |  | C | The worker is required to have visual acuity to be the operator of trucks, forklifts, cranes, or other equipment |
|  |  | D | The worker is required to have visual acuity to determine the accuracy, neatness and thoroughness of the work assigned (i.e., custodial, food services, general laborer, etc.) |

**4. The conditions the worker will be subject to in this position *(please check ALL that apply)***

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|  |  | A | The worker is subject to inside environmental conditions: protection from weather conditions but not necessarily from temperature changes |
|  |  | B | The worker is subject to outside environmental conditions: no effective protection from weather |
|  |  | C | The worker is subject to both environmental conditions: activities occur inside and outside |
|  |  | D | The worker is subject to extreme cold: temperatures below 32 degrees for periods of more than one hour |
|  |  | E | The worker is subject to extreme heat: temperatures above 100 degrees for periods of more than one hour |
|  |  | F | The worker is subject to noise: there is sufficient noise to cause the worker to shout in order to be heard above the ambient noise level |
|  |  | G | The worker is subject to vibration: exposure to oscillating movements of the extremities or whole body |
|  |  | H | The worker is subject to hazards: includes a variety of physical conditions, such as proximity to moving mechanical parts, electrical current, working on scaffolding and high places; exposure to high heat or exposure to chemicals |
|  |  | I | The worker is subject to atmospheric conditions; one or more of the following conditions that affect the respiratory system of the skin: fumes, odors, dusts, mists, gasses, or poor ventilation |
|  |  | J | The worker is subject to oils: there is air and/or skin exposure to oils and other cutting fluids |
|  |  | K | The worker is required to wear a respirator |
|  |  | L | The worker frequently is in close quarters, crawl space, shafts, manholes, small enclosed rooms, small sewage and water line pipes and other areas which could cause claustrophobia |
|  |  | M | The worker is required to function in narrow aisles or passageways |
|  |  | N | None: the worker is not substantially exposed to adverse environmental conditions (such as in typical office or administrative work) |

**5. Occupational exposure to blood (OSHA requirement) *(please check if the following applies)***

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|  |  | A | If the worker is in contact with blood during the performance of his/her duties, please list below examples of duties in which possible exposure to blood occurs |
|  |  |  | 1  2  3 |

Employee’s signature Date

Supervisor’s signature Date

Department or Division Director’s signature Date