

POSITION ANALYSIS QUESTIONNAIRE

This form is designed to assist you in describing your position. You are asked to fill out this form because you know the duties and responsibilities of your position better than anyone else. If a question does not apply to your position, please write "Not Applicable" or "N/A" for that item. Please print or write your answers very legibly. Thank you for your cooperation.

NOTE: It is the *position* that is being studied, not the employee.

EMPLOYEE'S NAME: _____

EMPLOYEE'S JOB TITLE: _____

DEPARTMENT / SECTION: _____

WORK TELEPHONE NUMBER: _____

IMMEDIATE SUPERVISOR'S NAME & TITLE: _____

DEPARTMENT DIRECTOR'S NAME & TITLE: _____

- A. **POSITION'S PURPOSE:** State briefly, in 3 to 5 sentences, the main purpose or function of your position. What do you believe is the major purpose of your job? This may be easier to complete after you have filled out Section B of this form.

SAMPLE

NOTE: If your position requires the performance of two or more entirely different occupational assignments (such as Planner / Finance Analyst), please answer Question A on both occupations. Add additional pages if required.

B. WORK ACTIVITIES LIST: THIS SECTION IS VERY IMPORTANT TO UNDERSTANDING YOUR JOB DUTIES. Please describe, in detail, the major elements of what you do on your job. List only the major functions, separately, in order of importance. Provide a detailed description of each duty so someone not familiar with your job can understand what you do. **We do not need to know HOW your department operates, but rather, WHAT it is YOU “do”.** Please use action words such as *prepares, calculates, operates,* etc. to start off each statement. Indicate the approximate percentage of total working time you spend on each major work activity. You may use any time period that is convenient, such as daily, weekly, monthly, or yearly but be consistent (all weekly, all monthly, etc.). Percentages should total 100%.

	% of Time	Function/Duty/Task
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

SAMPLE

C. KNOWLEDGE, SKILLS AND INFORMATION SOURCES: This section helps us to understand the minimum levels and type of knowledge and skills needed to effectively perform the functions of this job.

What knowledge and skills are required to perform your job? *Examples: typing, supervisory skills, project management skills, etc.*

What information sources are required for you to do your job? *Examples: internet, manufacturer equipment manuals, building codes, repair manuals, etc.*

D. EDUCATION, TRAINING, AND EXPERIENCE

Please indicate **your educational level** and the **MINIMUM educational level** required for your job:

YOU HAVE:		YOU NEED:	
<input type="checkbox"/>	High School Diploma/GED	<input type="checkbox"/>	High School Diploma/GED
<input type="checkbox"/>	Associate's Degree (AA/AS); or 2 year technical certificate	<input type="checkbox"/>	Associate's Degree (AA/AS); or 2 year technical certificate
<input type="checkbox"/>	Bachelor's Degree (BA/BS)	<input type="checkbox"/>	Bachelor's Degree (BA/BS)
<input type="checkbox"/>	Graduate Degree (MS/MA)	<input type="checkbox"/>	Graduate Degree (MS/MA)
<input type="checkbox"/>	Post Graduate Degree (PhD)	<input type="checkbox"/>	Post Graduate Degree (PhD)
<input type="checkbox"/>	Other (please indicate):	<input type="checkbox"/>	Other (please indicate):

Please identify the field of study or coursework for the educational degree you indicated is necessary in the "You Need" section above. Include any vocational training or special training programs that would substitute for the above education/training. *Examples: AA/AS in Accounting, BA/BS in Journalism, etc.*

Please indicate the number of years and type of prior job **experience** that is essential before an average person could perform your job successfully?

Example: 2 years of strategic planning work and 6 months supervisory experience.

E. REQUIRED LICENSES AND CERTIFICATIONS

Does your job **require** a license(s), certification, registration, or other regulatory requirements? (Examples: engineering certification or license; CDL; etc.) If yes, provide name/type/class/level of license/ certification/registration and the issuing agency.

License or Certification Name

Type/Class/Level

Were they required at the time for employment? **Yes** **No** If no, when were they required?

Within: _____ Weeks _____ Months _____ Years of employment?

F. EQUIPMENT, TOOLS AND MACHINERY:

What machinery, vehicles, or motorized equipment do you use in your work, and how often do you use each (rarely, frequently, constantly)?

G. PHYSICAL REQUIREMENTS: Are there any special or unusual physical skills or efforts required on your job (e.g., climb ladders, dig/work in trenches, handle extremely hot or cold materials, etc.)?

What approximate percentage of your total time on this job do you spend doing the following? (These may add up to more than 100%)

Standing _____ % Walking _____ % Sitting _____ % Driving _____ %
Listening _____ % Talking _____ % Other (give examples) _____ / _____ %

How much weight are you required to manually **lift** and/or **carry** at any one time: _____ Pounds
Is the lifting/carrying done regularly? Yes No How many hours per day? _____ Hours

H. EXTRAORDINARY WORKING CONDITIONS: What unusual and/or special working conditions affect or are part of your job? Answer all that apply and indicate whether regular or occasional.

1. Exposure to dangerous machinery (examples): _____ Regular Occasional
2. Exposure to extreme weather conditions (examples): _____ Regular Occasional
3. Potential physical harm (examples): _____ Regular Occasional
4. Hazardous chemicals (examples): _____ Regular Occasional
5. Infectious disease (examples): _____ Regular Occasional
6. Other (examples): _____ Regular Occasional

I. PROBLEM-SOLVING INSTRUCTIONS:

How do you receive your instructions? (Check/circle all that apply): Orally In Writing

How specific or general are these instructions? Please explain.

How are priorities and/or deadlines decided for your position?

What occasions are there (if any) when instructions are not provided?

At what stage, and by whom (job title) are your assignments normally reviewed?

How can you and your supervisor determine the quality of your work?

How often do you meet with your supervisor, and for what purposes?

J. AUTHORITY / ACCOUNTABILITY

What kinds of actions, documents, plans or functions **require** your authorization?

What is the highest level of decision you are authorized to make **without** clearing it through your supervisor?

What work decisions **require** clearance from your supervisor? Please give examples.

What are the most difficult/important decisions you make? Describe the impact of these decisions on your immediate organizational unit, department, other employees, contractors, customers, vendors and other members of the public and/or the community.

K. INTERACTION WITH OTHERS: To do your job effectively, what people **within** your organization are you required to interact with, other than your immediate supervisor and department co-workers?

If you have direct contact with people **outside** the organization such as the public, community groups, other governmental agencies, vendors, suppliers, contractors, etc., please indicate the nature and purpose of these contacts.

EMPLOYEE SIGNATURE: _____ **DATE:** _____

Please Note: All signatures indicate the information provided on this PAQ is **accurate and complete**.

Please print and sign this document. If you have supervisory responsibilities, complete and sign the next section. Return this entire PAQ to your supervisor by _____. Be sure to make a copy for your records.

SUPERVISORY POSITION SUPPLEMENTAL QUESTIONNAIRE

(To be completed only by individuals who supervise other employees)

- L. SUPERVISION/SPAN OF CONTROL:** Please indicate the job titles and names of the employees who report *directly* to you, and not through a subordinate supervisor. Include temporary, part-time, and community service workers. Attach your department's organizational chart or sketch an organizational chart which depicts the reporting relationships in your department.

Please indicate the job titles, number of positions for each, that report to your direct subordinates.

- M. SUPERVISORY RESPONSIBILITIES:** Does your position have the authority to take any of the following actions? If not, does your supervisor rely *mainly* on your recommendation to make the decision?

RESPONSIBILITY	YES	NO	RECOMMEND ONLY	N/A
Hire employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Promote employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transfer employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare work schedules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assign/review work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Train employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assign/approve overtime/comp time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Approve sick leave/vacation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recall employees to work in emergencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Award merit increases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discipline employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suspend employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Terminate employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EMPLOYEE SIGNATURE: _____ **Date:** _____

Please Note: All signatures indicate the information is **accurate and complete**. Return to your supervisor by _____.

**DEPARTMENT MANAGER'S REVIEW FOR ACCURACY
AND COMPLETENESS**

DEPARTMENT MANAGER'S REVIEW FOR ACCURACY: I have reviewed and discussed the contents of this position description with the employee. Except for the items noted below, I find the PAQ accurate and complete. (Attach additional pages if necessary.)

SAMPLE

DEPARTMENT MANAGER'S SIGNATURE: _____ Date: _____

Please Note: All signatures indicate the information is **accurate and complete**. Please forward this PAQ to Human Resources by _____. Be sure to keep a copy for your records.