

Date Form Completed (MM/DD/YY)*:

Official Job Title:

Department*:

Division*:

Enter the contact information for the individual incumbent to whom this PDQ applies or the contact information for the person filling out this PDQ if this is a group PDQ covering 2 or more employees. Please include phone area code.

Work Phone (XXX-XXX-XXXX):

Work E-mail:

Time in Current Position (if individual PDQ). Select one:

Immediate Supervisor Information:

Name*:

Title*:

2. POSITION SUMMARY: Please write one to three sentences (**500 character limit**) describing the purpose and major duties of your position. **Example:** *I provide administrative support to the purchasing department. My duties include answering phones, filing and retrieving documents, answering questions from vendors, entering data, and tracking documents.*

Position Summary:

3. SUPERVISORY RESPONSIBILITIES: Select all applicable statements from the choices in the menu below that describe the supervisory responsibilities of your position.

Supervision:

I do not officially supervise other employees (i.e., sign performance reviews).

YES - I evaluate and sign performance reviews of other regular employees.

YES - I provide work direction to and review the work of other regular employees.

YES - I provide work direction to and review the work of temporary, student employees*, and/or contract employees.

* Includes only general campus student employees

If you selected any response above with "YES," please complete the following:

of Full-Time
Equivalent
Employees

of Contract,
Student, or
Temporary
Employees

Total Head Count

4. **ESSENTIAL DUTIES:** In this section you will provide information about your Essential Duties (those duties that make up at least 5% of your time). There is space to list up to 10 separate Essential Duties. **You must complete a minimum of two** separate Essential Duties, associated decision-making, frequency and % of time spent (**response boxes with an asterisk * are required fields**). Provide enough detail in the description of the duty so that someone who may not be familiar with your job will have a clear understanding of what it is that you do. For example, do not simply state "prepares reports," but state "prepares reports such as status reports, staff reports," or other type of report(s) you may prepare. Also please use action verbs such as prepares, calculates, operates, etc., to start off each statement. **Do not use acronyms.**

Following each Essential Duty, you will be asked to describe the decision-making associated with that duty, to select how often you perform that duty (the frequency), and the percent of time you spend on that duty.

Example of an Essential Duty Description: 750 character limit for each. *Prepares monthly newsletters by gathering information, writing copy, editing, and preparing for publication.*

Example of Decisions Required: 450 character limit for each. *Articles to include, editorial changes, graphics, layouts*

Example of Frequency: *Monthly (select option from drop-down menu)*

Example of % of Time: 20%. It may mean the employee spends one day out of five on that duty, or that the employee spends around two hours each day. These need only be estimates so do not spend a great deal of time trying to come up with an exact percentage. The percentages of ALL of your Required Duties should not exceed 100%, but should account for at least 80% of your total work time, with the balance of time devoted to other infrequent or non-required duties.

Essential Duty #1-Description*:

Essential Duty #1-Decisions Required*:

Essential Duty
#1-Frequency*:

Essential Duty #1-
% of Time*:

Essential Duty #2-Description*:

Essential Duty #2-Decisions Required*:

Essential Duty
#2-Frequency*:

Essential Duty #2-%
of Time*:

Essential Duty #3-Description:

Essential Duty #3-Decisions Required:

Essential Duty
3-Frequency:

Essential Duty #3-%
of Time:

Essential Duty #4-Description:

Essential Duty #4-Decisions Required:

Essential Duty
#4-Frequency:

Essential Duty #4-%
of Time:

Essential Duty #5-Description:

Essential Duty #5-Decisions Required:

Essential Duty
#5-Frequency:

Essential Duty #5-%
of Time:

Essential Duty #6-Description:

Essential Duty #6-Decisions Required:

Essential Duty
#6-Frequency:

Essential Duty #6-%
of Time:

Essential Duty #7-Description:

Essential #7-Decisions Required:

Essential Duty
#7-Frequency:

Essential Duty #7-%
of Time:

Essential Duty #8-Description:

Essential Duty #8-Decisions Required:

Essential Duty
#8-Frequency:

Essential Duty #8-%
of Time:

Essential Duty #9-Description:

Essential Duty #9-Decisions Required:

Essential Duty
#9-Frequency:

Essential Duty #9-%
of Time:

Essential Duty #10 Description:

Essential Duty #10-Decisions Required:

Essential Duty
#10-Frequency:

Essential Duty #10-%
of Time:

5. REQUIRED KNOWLEDGE AND SKILLS: Please list the knowledge and skills that are required at **ENTRY** into the position you hold. **Knowledge:** refers to the possession of concepts and information gained through experience, training and/or education and can be measured through testing. **Skills:** refers to proficiency (one or more) that can be demonstrated and are typically manual in nature and/or can be measured through testing. **250 character limit for each.**

Knowledge/Skill
#1

Knowledge/Skill
#2

Knowledge/Skill
#3

Knowledge/Skill
#4

Knowledge/Skill
#5

6. EDUCATION: Select the item below that best describes the *minimum* level of education that is needed to satisfactorily perform at **ENTRY** into the position you hold. This may be different from what the organization currently requires and/or from your own level of education. List certifications later in #8 "Special Requirements."

Education:

Less than High School Diploma or equivalent (G.E.D.) (ability to read, write and follow directions)

High School Diploma or Equivalent (G.E.D.)

Up to one year of specialized or technical training beyond high school

Associate's Degree (A.S. or A.A.) or two-year technical certificate

Bachelor's degree

Master's degree

Doctorate (such as Ph.D, Ed.D, MD, JD)

What fields should training or degree be in?

Field(s):

7. EXPERIENCE (Exp 200 characters each). Identify the minimum type and years of experience that are required at **ENTRY** into the position you hold:

Type of Exp #1:

Years of Exp #1:

Type of Exp #2:

Years of Exp #2:

8. SPECIAL REQUIREMENTS: List any registrations, certifications or licenses that are required at **ENTRY** into the position you hold. **Do not use acronyms.**

Special Requirements:

9. DECISION-MAKING AND JUDGMENTS (DMJ 500 characters): Describe **two** decisions and/or judgments you make regularly and independently in the performance of your duties.

DMJ #1:

DMJ #2:

10. PHYSICAL FACTORS (PF): *Your answers in this section will not affect how your job is classified.* Select the description below that best describes the overall amount of physical effort required to perform your job.

Overall PF:

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.

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.

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.

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.

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.

For each physical activity described, indicate the amount of time you spend performing each physical activity during the course of your work, and the level of importance of each physical activity to the performance of your essential duties.

Climbing: Ascending or descending ladders, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized.

Climbing Importance:

Climbing Frequency:

Balancing: Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces.

Balancing Importance:

Balancing Frequency:

Stooping: Bending body downward and forward by bending spine at the waist.

Stooping Importance:

Stooping Frequency:

Kneeling: Bending legs at knee to come to a rest on knee or knees.

Kneeling Importance:

Kneeling Frequency:

Crouching: Bending the body downward and forward by bending leg and spine.

Crouching Importance:

Crouching Frequency:

Crawling: Moving about on hands and knees or hands and feet.

Crawling Importance:

Crawling Frequency:

Reaching: Extending hand(s) and arm(s) in any direction.

Reaching Importance:

Reaching Frequency:

Standing: Particularly for sustained periods of time.

Standing Importance:

Standing Frequency:

Walking: Moving about on foot to accomplish tasks, particularly for long distances.

Walking Importance:

Walking Frequency:

Pushing: Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.

Pushing Importance:

Pushing Frequency:

Pulling: Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.

Pulling Importance:

Pulling Frequency:

Lifting: Raising objects from a lower to a higher position or moving objects horizontally from position to position.

Lifting Importance:

Lifting Frequency:

Fingering: Picking, pinching, typing (keyboarding) or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.

Fingering Importance:

Fingering Frequency:

Grasping: Applying pressure to an object with the fingers or palm.

Grasping Importance:

Grasping Frequency:

Feeling: Perceiving attributes of objects such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.

Feeling Importance:

Feeling Frequency:

Talking: Expressing or exchanging ideas by means of the spoken word. Those activities in which you must convey detailed or important spoken instructions or information to other workers accurately, loudly or quickly.

Talking Importance:

Talking Frequency:

Hearing: Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts.

Hearing Importance:

Hearing Frequency:

Seeing: The ability to perceive the nature of objects by the eye.

Seeing Importance:

Seeing Frequency:

Repetitive Motions: Substantial repetitive movements (motions) of the wrists, hands and/or fingers.

Repetitive Motions Importance:

Repetitive Motions Frequency:

11. WORKING CONDITIONS - *Your answers in this section will not affect how your job is classified.* Select from the choices below to indicate the working conditions you are subject to in the course of your work, and indicate the amount of time you are subject to that condition. **If most of your work is in an office setting, you may select the 'DOES NOT APPLY BOX' for each response.**

Hazardous physical conditions (mechanical parts, electrical currents, vibration, etc.)

Hazardous Conditions:

Atmospheric conditions (fumes, odors, dusts, gases, poor ventilation)

Atmospheric:

Hazardous materials (chemicals, blood and other body fluids, etc.)

Haz Mat:

Environmental (disruptive people, imminent danger, threatening environment)

Environmental:

Extreme Temperatures:

Inadequate Lighting:

Work Space Restricts Movement:

Intense Noise:

Travel:

12: ADDITIONAL COMMENTS: Are there any additional comments you would like to make to be sure you have described your job adequately? **550 character limit.**

Additional Comments:

By checking the box below, I certify that the above statements and responses are accurate and complete to the best of my knowledge.

Employee
Certification:

Type Employee Name (Electronic
Signature):

Date Signed (MM/DD/YY):

EMPLOYEE INSTRUCTIONS FOR SUBMITTING: THANK YOU FOR COMPLETING THIS QUESTIONNAIRE. AFTER YOU OR YOUR GROUP HAVE COMPLETED YOUR PORTION OF THE QUESTIONNAIRE, SAVE THE DOCUMENT A FINAL TIME AND E-MAIL IT AS AN ATTACHMENT TO YOUR **IMMEDIATE SUPERVISOR.**

Submission and approval of the PDQ may be subject to additional supervisory and/or management reviews.

13. IMMEDIATE SUPERVISOR REVIEW - Save this file to your computer, using the same file name.

Review the employee's PDQ and check the box below that indicates your concurrence or disagreement with the employee's PDQ as written. Follow the submission instructions that correspond to your selection below.

Agree with the employee's PDQ as written.

Disagree with the PDQ as written and have discussed the modifications noted below with the employee, and the employee agrees with the modifications.

Disagree with the PDQ as written and have discussed the modifications noted below with the employee, and the employee disagrees with the modifications.

Type Supervisor Name (Electronic Signature):

Date Reviewed (MM/DD/YY):

A. IF YOU CONCUR WITH THE PDQ AS WRITTEN: After completing the above section, save a copy of this document, with the word FINAL in front of the file name and e-mail the PDQ as an attachment to the department director.

B. IF YOU DO NOT AGREE WITH THE PDQ AS WRITTEN PLEASE INDICATE YOUR CHANGES BELOW: Discuss your comments/concerns with the employee and indicate what changes were made in the box below, citing the applicable section number. When complete, save the PDQ and e-mail it as an attachment to the department director.

B. Supervisor modifications:

14. DEPARTMENT DIRECTOR REVIEW - Use the SAVE AS function to save this file to your computer and ADD the word "FINAL" to the beginning of the existing file name. Below note any comments, additional duties or disagreements with previous sections of this PDQ (citing applicable section #).

Management Comments:

Type Management Reviewer's Name (electronic signature):

Date Reviewed (MM/DD/YY):

DEPARTMENT DIRECTOR SUBMITTAL: SAVE A FINAL COPY OF THIS DOCUMENT ELECTRONICALLY AFTER COMPLETING YOUR SECTION AND EMAIL THE PDQ AS AN ATTACHMENT TO THE DESIGNATED HUMAN RESOURCES E-MAIL, WITH COPIES TO THE EMPLOYEE & SUPERVISOR.

**For Human Resources Use
ONLY:**

Submitter
Initials*:

Submittal Date
(MM/DD/YY):