



## GILA COUNTY POSITION DESCRIPTION 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.

**POSITION'S JOB TITLE:** \_\_\_\_\_

**EMPLOYEE'S NAME:** \_\_\_\_\_

**DEPARTMENT / LOCATION:** \_\_\_\_\_

**DIVISION** (if applicable): \_\_\_\_\_

**SUPERVISOR'S NAME & TITLE:** \_\_\_\_\_

**WORK LOCATION:** \_\_\_\_\_

**WORK TELEPHONE NUMBER:** \_\_\_\_\_

- A. **POSITION'S PURPOSE:** Please state briefly, in several sentences, the principal purpose or function of your position. What are you to ***accomplish*** in this position, and what is its major objective?

**NOTE:** If your position requires the performance of two or more entirely different occupational assignments (such as Senior Programmer/Automotive Mechanic), please answer Question A on both occupations. Add additional pages if desired.

B. **WORK ACTIVITIES LIST:** Please describe the major elements of what you do on your job. List only the major functions (not to exceed the 8 most important), separately, in order of importance. Provide a brief description for each duty so that it can be understood by someone not familiar with this kind of work. 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 annually.

<u>% of Time</u>	<u>Major Duties</u>
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	
6. _____	
7. _____	
8. _____	

C. **INFORMATION SOURCES:** What major sources of information or principal documents do you use to do your job?

D. **EQUIPMENT, TOOLS AND MATERIALS:**

What machinery, vehicles or motorized equipment do you use in your work, and how often do you use each (daily, weekly, etc.)?

What hand tools and/or instruments (such as calculators, PCs) do you use in your work, and how often do you use each (daily, weekly, etc.)?

E. **PHYSICAL REQUIREMENTS:** (Questions for compliance with the Americans with Disabilities Act)  
Are there any special or unusual physical skills or efforts required on your job?

What approximate percentage of your total time on this job do you spend:

Standing \_\_\_\_\_%      Walking \_\_\_\_\_%      Sitting \_\_\_\_\_%      Driving \_\_\_\_\_%

How much weight are you required to manually lift at any one time? \_\_\_\_\_pounds

Is the lifting done regularly?  Yes  No For how many hours per day \_\_\_\_\_

How much weight are you required to manually carry at any one time? \_\_\_\_\_pounds

Is the carrying done regularly?  Yes  No How many hours per day? \_\_\_\_\_

F. **EXTRAORDINARY WORKING CONDITIONS:** What unusual and/or special working conditions affect your job, such as infectious disease, hazardous chemicals, exposure to extreme weather conditions, etc.?

G. **PROBLEM-SOLVING INSTRUCTIONS RECEIVED:**

How do you receive your instructions?     Orally     In Writing     Computer e-mail

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?

**H. TRAINING AND EXPERIENCE:**

Please indicate the length and type of formal education and/or on-the-job training that is essential before an average person could perform your job successfully?

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

What license(s), certification, registration, or other regulatory requirements are there for your job?

**I. COUNTY / ACCOUNTABILITY**

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

What kinds of significant decisions are you authorized to make **without** clearing them through your supervisor?

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

What are the most difficult/important decisions you make? Please describe their impact on the County, its employees or the public/residents.

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

*Within* the County, please indicate the job titles of the employees with whom you regularly work.

*Outside* of the County, indicate the nature of your contacts with officials of other local governments, the State, or Federal government, vendors, residents or the public.

SIGNATURE OF EMPLOYEE: \_\_\_\_\_ Date: \_\_\_\_\_

**SUPERVISOR'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 PDQ accurate and complete.

SUPERVISOR'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

DEPARTMENT DIRECTOR'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

## SUPERVISORY POSITION SUPPLEMENTAL QUESTIONNAIRE

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

**K. 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 and part-time workers.

**L. 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?

	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
Hire employees	<input type="checkbox"/>	<input type="checkbox"/>	Prepare employees'		
Promote employees	<input type="checkbox"/>	<input type="checkbox"/>	performance appraisals	<input type="checkbox"/>	<input type="checkbox"/>
Transfer employees	<input type="checkbox"/>	<input type="checkbox"/>	Approve sick leave/vacation	<input type="checkbox"/>	<input type="checkbox"/>
Prepare work schedule	<input type="checkbox"/>	<input type="checkbox"/>	Recall employees to work		
Assign/review work	<input type="checkbox"/>	<input type="checkbox"/>	in emergencies	<input type="checkbox"/>	<input type="checkbox"/>
Train employees	<input type="checkbox"/>	<input type="checkbox"/>	Award merit increase	<input type="checkbox"/>	<input type="checkbox"/>
Assign/approve overtime	<input type="checkbox"/>	<input type="checkbox"/>	Discipline employees	<input type="checkbox"/>	<input type="checkbox"/>
Assign/approve comp time	<input type="checkbox"/>	<input type="checkbox"/>	Suspend employees	<input type="checkbox"/>	<input type="checkbox"/>
			Terminate employees	<input type="checkbox"/>	<input type="checkbox"/>

**EMPLOYEE SIGNATURE:** \_\_\_\_\_

**Date:** \_\_\_\_\_