

DEPARTMENT OF PERSONNEL/HUMAN RESOURCES

POSITION DESCRIPTION QUESTIONNAIRE

The purpose of this Position Description Questionnaire is to gather information regarding the duties and responsibilities assigned to your position. This questionnaire, along with a desk audit will be used to determine the merits of this request for the reclassification of your position. It is important that the information on this form be as clear and accurate as possible.

The following are determining factors in the reclassification of a position:

- Must reflect a sufficient increase in duties, responsibilities, difficulty, independence of action, technical expertise, etc. that has occurred over a period of time.
- The incumbent must meet promotional qualifications for the higher level class at the time the position is reclassified.
- Volume of duties is not a consideration.
- Temporarily assigned duties cannot be considered.
- Upward adjustment of the classification of a position ordinarily does not exceed one class level within the same class series.

1. IDENTIFICATION

Name: _____ Employee ID# _____

Title: _____

Department: _____ Division: _____

Date Started Present Position: _____ Work Phone: _____

Work Location: _____

2. GENERAL SUMMARY:

Give a brief description or diagram of the organizational structure of your department along with the names of the department head, managers, supervisors, and clerical staff. (Attach additional sheet if necessary)

- _____

- _____

- _____

3. MAJOR DUTIES AND RESPONSIBILITIES:

<p>List your major duties and responsibilities below. Rate each duty on Time Spent and Importance using the scales below: (attach additional sheets if necessary)</p> <p>Time Spent 1 = Very Little <5% Importance 1 = Little Importance 2 = Little 5-14% 2 = Average Importance 3 = Some 15-39% 3 = Very Important 4 = Much 40-74% 5 = Most 75% +</p> <p>(attach samples of work performed)</p>	<p>T I M E S P E N T</p>	<p>I M P O R T A N C E</p>
<p>1.</p>		
<p>2.</p>		
<p>3.</p>		
<p>4.</p>		
<p>5.</p>		
<p>6.</p>		

3. Major Duties and Responsibilities (Continued)

7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		

4. **SUPERVISION RECEIVED:** Check the statement below that best describes the amount and type of supervision you **receive** in doing your work. Consider such things as how often you meet with your supervisor, how you receive assignments, and what decisions must be approved or checked by your supervisor.

- Frequent Supervision: All assignments are received from the supervisor or other higher level employee with detailed instructions. Work is mostly routine and repetitive.
- Occasional Supervision: Assignments are received from supervisor with general instructions. Work may be generated as a result of following set routine. Non-routine assignments are received from supervisor. Most work results are reviewed by supervisor. Must refer changes in procedures to supervisor.
- Limited Supervision: Determines own work assignments and procedures. Supervisor only outlines broad objectives. Work is judged on overall results.

5. **SUPERVISION GIVEN:** List the names and class titles of the employees that you supervise directly. (Skip to Section 6 if you do not directly or indirectly supervise employees.)

<u>Name</u>	<u>Class Title</u>
_____	_____
_____	_____
_____	_____
_____	_____

(Use additional sheets if necessary)

What is the total number of employees for whom you are responsible, either indirectly (through supervisors responsible to you) or directly? _____

Indicate with a check below the kinds of supervision that you perform:

- | | |
|--|---|
| <input type="checkbox"/> Check work quality or quantity | <input type="checkbox"/> Make final hiring decision |
| <input type="checkbox"/> Assign work, add or delete duties | <input type="checkbox"/> Authorize vacations |
| <input type="checkbox"/> Sign performance evaluations | <input type="checkbox"/> Take disciplinary action |

6. **LICENSES, CERTIFICATIONS, AND OTHER REQUIRED QUALIFICATIONS:** List official

licenses, certificates, registrations, or other qualifications that are required to perform this job.

7. **EQUIPMENT, TOOLS AND MACHINERY:** List the major types of equipment, tools, and machinery you are required to operate. Examples include personal computers, welding equipment, lawn mowers, calculators, etc.

8. What specific duties and responsibilities have been added to this position in the last year? Please indicate approximate date(s) of assignment:

	Date
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____
e. _____	_____
f. _____	_____
g. _____	_____

9. What specific duties and responsibilities have been deleted from this position in the last year? Please indicate approximate date:

	Date
a. _____	_____
b. _____	_____

Signature of Employee: _____ Date _____

10. **REVIEW BY IMMEDIATE SUPERVISOR:**

a. Are the preceding statements made by the incumbent of the position accurate and complete?

Yes_____ No_____

Comments:_____

b. What do you consider the most important duties of this position?

c. Describe any recent changes in the assigned duties and responsibilities which you feel might affect its classification.

d. Why were these additional duties and responsibilities assigned?

Signature of Immediate Supervisor: _____ Date: _____
--

11. REVIEW BY DEPARTMENT HEAD OR DESIGNATED REPRESENTATIVE:

- a. Are the statements of the employee in this position and the comments by the immediate supervisor accurate and complete?

Yes_____ No_____

Comments:_____

I recommend that a job audit be done on this position in order to determine its proper classification.

Signature of Department Head or Designated Representative: _____ Date: _____

12. REVIEW BY UNION PRESIDENT (required for AFSCME positions only)

I agree that a job audit should be done on this position in order to determine its proper classification.

Signature of Union President: _____ Date: _____

To the Employee: Keep a copy of the completed form for your records. The original should be mailed or faxed to the Classification Unit of the Department of Personnel/Human Resources, 600 Randolph, 107 Wayne County Building, Detroit, MI 48226, fax (313) 224-2705.

You will be notified by mail when the Position Description Questionnaire is received by the Classification Unit.