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|  | Position Description Questionnaire (PDQ) STATE OF MISSOURI  OFFICE OF ADMINISTRATION  DIVISION OF PERSONNEL |  |

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| **DIVISION OF PERSONNEL USE ONLY** |
| Title Code: xxxxx Classification Title: Enter Date Here  Current Position Number: xxx xxxx xxxxxxx Effective Date: Enter Date Here  New Position Number (if applicable): xxx xxxx xxxxxxx |

**This is an official position classification record. Please complete based upon permanent duties assigned to the position. It is important to provide adequate details because the information will be used to determine the proper job title of the position.**

**Position classification is based on assigned duties and level of complexity, not volume of work or quality of work. Determinations do not consider an employee’s length of service or performance.**

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| **ITEMS TO BE COMPLETED BY AGENCY PERSONNEL OFFICE** | |
| Agency name: Enter Text Here  Agency code: xxx Organizational code: xxxx Position number: xxxxxxx | |
| Division: Enter Text Here  Program, unit, or facility name or area of responsibility: Enter Text Here | |
| CURRENT - Classification code: xxxxxx Classification title: Enter Text Here  CIVS code:  UCPP - Classified  UCPC – Merit/P-E  UCPY – Merit/Grant-in-Aid  If applicable, name of federal program or grant: Enter Text Here  PROPOSED - Classification code: xxxxxx Classification title: Enter Text Here  CIVS code:  UCPP - Classified  UCPC – Merit/P-E  UCPY – Merit/Grant-in-Aid  If applicable, name of federal program or grant: Enter Text Here | |
| Reason for preparing the PDQ:  New position  Significant change in duties or responsibilities  Update  Reorganization  Special Study  Other (please explain): Enter Text Here | |
| Do you believe the position is correctly allocated?  Yes  No  If not, please explain: Enter Text Here | |
| Review initiated by:  Employee  Supervisor  Appointing Authority  Division of Personnel | |
| An organizational chart is required to complete the position review process.  For new positions, the organizational chart should show the reporting relationship of the new position. If applicable, organizational charts showing indirect reports should also be attached.  Is a current organizational chart attached?  Yes  No  If no, indicate where one can be reviewed on-line: Enter Text Here  If there is a proposed change in the organizational structure, please provide a proposed organizational chart in addition to the current one.  Is a proposed organizational chart attached?  Yes  No  Not applicable | |
| If duties were previously assigned to another position, please provide the position number, which duties, and why the duties were reassigned. Enter Text Here | |
| If there are any comparable positions, please provide position information below: | |
| **Position Number** | **Job Title** |
| Agcy Org Psn # | Agcy Org Psn # |
| Agcy Org Psn # | Enter Text Here |
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| **ITEMS TO BE COMPLETED BY INCUMBENT (SUPERVISOR IF VACANT)** | |
| Current working title: Enter Text Here  Proposed working title if applicable: Enter Text Here | |
| Name of incumbent: Enter Text Here | |
| Name and title of immediate supervisor: Enter Text Here | |
| Name and titles of others who may assign and evaluate work: Enter Text Here | |
| If applicable, briefly identify the circumstance(s) leading to a change of duties: Enter Text Here | |
| Main purpose/focus of the position (A brief summary of 3 to 4 sentences providing the purpose/focus of the position and how it contributes to the organization’s objectives and goals): Enter Text Here | |
| Provide permanent, essential duties. (The duty statement block below expands as needed).   * Please indicate if the duty statement describes a new (N), changed (C), or unchanged (U) duties. * Describe the duties performed starting with the most important. Do not copy language from the class specification. * Do not list minor duties that are less than 5% of the position’s time unless such duties are of significant importance to the position. * Use descriptive words; do not provide step-by-step instructions on how to perform a duty. * Each statement should be concise and brief. * Use a separate statement for each major duty or task. * Name specific business programs, technical systems, reports, or other items that may help us to understand the role. | |
| N=New  C=Change  U=Unchanged | Duty Statement |
| Code | Enter Text Here |
| Provide a list of acronyms used in the above duty statements and what they mean:Enter Text Here | |
| List parties that this position has regular contact with while performing typical duties (Clients calling in to request assistance, legislators requesting information, etc.): Enter Text Here | |
| Describe special working conditions (Shift schedule, physical efforts, etc.): Enter Text Here | |
| Provide the type and application of guidelines in the performance of typical duties (Interprets state statutes, follows established procedures, etc.): Enter Text Here | |
| Provide examples of decisions made independently: Enter Text Here | |
| Financial responsibilities (Please check all that apply):  Not applicable – No financial responsibilities  Financial documents – Responsible for filing, reviewing, coding, entering, etc.  Budget – Pulls reports as requested  Budget – Provides information used in budget creation  Budget –Recommends new budget items and/or changes to the budget  Budget – Develops budgets  Budget – Other (Please explain): Enter Text Here  Grants – Reviews expenditures for compliance and fund dispersal  Grants – Researches and submits grants  Grants – Approve grant submission  Grants – Manages grant program  Other financial responsibilities (Provide brief explanation): Enter Text Here | |
| Supervisory duties: Does not supervise staff  Leads staff on a regular basis but is not the direct supervisor. May help coach/mentor, direct, schedule, or monitor staff but do not hire, fire, discipline, or evaluate staff.  First-line supervisor over two or more full-time employees. Assists with hiring, firing, and discipline of staff. Evaluates staff performance.  Manages a unit, program, section, or major function and supervises first-line supervisors.  Other (Provide explanation): Enter Text Here | |
| Indicate the number of individuals supervised and titles (The below positions should be reflected on the organizational chart submitted):  Full-time: Enter Text Here  Part-time: Enter Text Here  Seasonal/Temporary: Enter Text Here  Volunteers:Enter Text Here  Offenders/Clients: Enter Text Here  Indirect Reports: Enter Text Here | |
| Other comments: Enter Text Here | |
| Did you initiate this review?  Yes  No | |
| I understand that this questionnaire is **not** a review of my capabilities or job performance and I attest that this document accurately reflects the duties and responsibilities assigned to my position. | |
| If applicable, the below printed name represents my agreement with the above statement and I agree the printed name is the same as a handwritten signature. | |
| Print/Sign and Date Here | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Name Date | |

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| **ITEMS TO BE COMPLETED BY SUPERVISOR** |
| Did you initiate this review?  Yes  No |
| I  agree  disagree with the employee’s statements.  If you disagree please provide explanation: |
| I  support  do not support this request.  If you do not support this request please provide explanation: Enter Text Here |
| If applicable, provide proposed classified title: Enter Text Here  If applicable, provide proposed working title: Enter Text Here |
| What qualifications are necessary to be successful in the position? (e.g., licensure, certification, education, etc.) (Requirements should be based on the position; not on an incumbent.) (*Please do not state the qualifications from a class specification; identify specific requirements for the position*.): Enter Text Here |
| Other comments relevant to this review (Please remember this process is about the position; not the incumbent):  Enter Text Here |
| If applicable, the below printed name represents my agreement with the above statement and I agree the printed name is the same as a handwritten signature.  Print/Sign and Date Here |
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| Name Date |

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| **ITEMS TO BE COMPLETED BY APPOINTING AUTHORITY** |
| I  support  do not support this request.  If you do not support this request please provide explanation: Enter Text Here |
| Other comments relevant to this review such as proposed job title and/or working title (Please remember this process is about the position; not the incumbent):  Enter Text Here |
| If applicable, the below printed name represents my agreement with the above statement and I agree the printed name is the same as a handwritten signature.  Print/Sign and Date Here |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name Date |

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| **DIVISION OF PERSONNEL USE ONLY** |
| Action Taken: Enter Text Here |
| Title Code/TCAT: Enter Data Here |
| Title Long Description: Enter Text Here |
| Effective Date: Enter Date Here |
| Special Action Taken: Enter Text Here |
| Date Received: Enter Date Here |
| Other Comments: Enter Text Here |