

**STATE OF ARIZONA
POSITION DESCRIPTION QUESTIONNAIRE**

POSITION NUMBER	JOB CODE
OFFICIAL CLASSIFICATION TITLE	WORKING TITLE

AGENCY	DIVISION/SECTION
ADDRESS (PHYSICAL WORK LOCATION)	PHONE

SUPERVISOR'S NAME	TITLE
EMAIL	PHONE

REQUEST TO		
<input type="checkbox"/> Establish New Position	<input type="checkbox"/> Review/Reclass Position	<input type="checkbox"/> Change Position Status
<input type="checkbox"/> Update PDQ	<input type="checkbox"/> Other: _____	

EMPLOYEE INITIATED: SEE PERSONNEL RULE R2-5-301.G. IF YES, EMPLOYEE SHOULD SUBMIT THROUGH AGENCY MANAGEMENT. FOR ASSISTANCE, EMPLOYEE SHOULD CONTACT THEIR AGENCY HUMAN RESOURCES OFFICE.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

SUPERVISE	MANAGE
<input type="checkbox"/> Yes (If yes, please complete the section below.)	<input type="checkbox"/> Yes (If yes, please complete the section below.)
<input type="checkbox"/> No	<input type="checkbox"/> No

Number of Direct Reports: _____	Number of Indirect Reports: _____
<input type="checkbox"/> Work Assignment	<input type="checkbox"/> Work Review
<input type="checkbox"/> Disciplinary Actions	<input type="checkbox"/> Hiring
<input type="checkbox"/> Performance Appraisal	<input type="checkbox"/> Leave Requests
<input type="checkbox"/> Other: _____	

1. JUSTIFICATION STATEMENT: EXPLAIN THE EVENTS/CHANGES THAT MADE THIS REQUEST NECESSARY, INCLUDING JUSTIFICATION FOR EXEMPT, UNCOVERED POSITION REQUESTS.

2. JOB SUMMARY: EXPLAIN THE PURPOSE OF THIS POSITION.

3. MAJOR RESPONSIBILITIES: USE ACTION VERBS TO STATE THE PRIMARY FUNCTIONS FOR WHICH THIS POSITION IS ACCOUNTABLE, AND EXPLAIN WHAT THIS POSITION DOES AND WHY.

Primary Responsibilities (in increments of no less than 5%)	Percent Time Spent (%)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
Attach additional sheets as needed	Must total 100%

4. DECISION MAKING AUTHORITY: CHECK THE **ONE** BOX THAT BEST DESCRIBES THIS POSITION'S INVOLVEMENT IN THE DECISION MAKING PROCESS.

- Follows written and verbal instructions
- Follows established guidelines
- Interprets policies and procedures
- Participates in the establishment of guidelines and policies
- Acts as final authority to implement guidelines and policies
- Other: _____

5. PROBLEM SOLVING: CHECK THE **ONE** BOX THAT BEST DESCRIBES THE TYPE OF PROBLEM-SOLVING SITUATIONS REQUIRED OF THIS POSITION.

- Identical or similar situations following established routines/instructions
- Diverse procedures in differing situations; some research within area of expertise is required
- Variable situations requiring analytical, interpretive, evaluative, and/or constructive thinking within broadly defined policies and objectives

6. KNOWLEDGE, SKILLS, ABILITIES (KSAs): EXPLAIN THE KNOWLEDGE, SKILLS, AND ABILITIES AN EMPLOYEE IN THIS POSITION MUST HAVE IN ORDER TO PERFORM WORK SATISFACTORILY.

KNOWLEDGE IS THE UNDERSTANDING OF A SUBJECT THROUGH EXPERIENCE OR EDUCATION; ALWAYS COGNITIVE.

SKILLS ARE LEARNED AND GET BETTER WITH PRACTICE; THEY ARE EITHER COGNITIVE OR PSYCHOMOTOR.

ABILITIES ARE NATURAL, CONTRIBUTE TO SKILLS, AND ARE PERCEPTUAL, MOTOR, OR A COMBINATION; THEY ARE EITHER COGNITIVE OR PSYCHOMOTOR.

7. LICENSES/CERTIFICATIONS: LIST ANY LICENSES, CERTIFICATIONS, DEGREES, OR CREDENTIALS THAT ARE REQUIRED BY LAW FOR THIS POSITION.

8. SELECTIVE PREFERENCES: LIST ANY PREFERRED (NOT REQUIRED) QUALIFICATIONS THAT THE IDEAL CANDIDATE WOULD PORTRAY.

9. ESSENTIAL JOB FUNCTIONS: LIST ALL PHYSICAL, MENTAL, AND ENVIRONMENTAL REQUIREMENTS FOR THIS POSITION BY CHECKING EACH BOX THAT APPLIES. FOR EACH REQUIREMENT, INDICATE THE FREQUENCY WHICH IS REQUIRED IN THIS POSITION. UNDER APPLICABLE MAJOR FUNCTIONS, IDENTIFY THE CORRESPONDING PRIMARY RESPONSIBILITY (FROM PG.3).

C = CONTINUOUSLY (>66%); F = FREQUENTLY (34-66%); O = OCCASIONALLY (10-33%); R = RARELY (<10%); N/A = NOT APPLICABLE

Physical Demands	Frequency	Applicable Major Functions
<input type="checkbox"/> Balancing		
<input type="checkbox"/> Climbing		
<input type="checkbox"/> Crawling		
<input type="checkbox"/> Fine Dexterity		
<input type="checkbox"/> Foot Controls		
<input type="checkbox"/> Hearing		
<input type="checkbox"/> Kneeling/Crouching/Bending		
<input type="checkbox"/> Manual Dexterity		
<input type="checkbox"/> Lifting/Carrying # of pounds _____ *Lifting/Carrying 25 lbs or more will require a physical exam.	Span of Lift: <input type="checkbox"/> Floor to Waist <input type="checkbox"/> Floor to Shoulder <input type="checkbox"/> Waist to Shoulder <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Pushing/Pulling # of pounds _____ *Pushing/Pulling 25 lbs or more will require a physical exam.		
<input type="checkbox"/> Reaching		
<input type="checkbox"/> Sitting		
<input type="checkbox"/> Standing		
<input type="checkbox"/> Talking		
<input type="checkbox"/> Twisting		
<input type="checkbox"/> Upper Extremity Repetitive Motion		
<input type="checkbox"/> Seeing		
<input type="checkbox"/> Walking/Running Short Distances Length of distance _____		
<input type="checkbox"/> Walking/Running Long Distances Length of distance _____		
<input type="checkbox"/> Other _____		

Mental Demands	Frequency	Applicable Major Functions
<input type="checkbox"/> Analysis/Reasoning		
<input type="checkbox"/> Communications Skills (as distinguished from talking)		
<input type="checkbox"/> Math/Mental Computation		
<input type="checkbox"/> Reading		
<input type="checkbox"/> Sustained Mental Activity (e.g., auditing, grant writing, composing reports, problem solving)		
<input type="checkbox"/> Writing		
<input type="checkbox"/> Other _____		

Environmental Demands	Frequency	Applicable Major Functions
<input type="checkbox"/> Asbestos		
<input type="checkbox"/> Dust		
<input type="checkbox"/> Frequent Task Changes		
<input type="checkbox"/> High Volume Public Contact		
<input type="checkbox"/> Loud Noise		
<input type="checkbox"/> Physical Danger		
<input type="checkbox"/> Tedious/Exacting Work		
<input type="checkbox"/> Temperature Extremes		
<input type="checkbox"/> Toxic Substances (e.g., solvents, degreasers, herbicides, pesticides, asbestos, printer toner, etc.)		

TO THE EMPLOYEE: THIS SECTION IS TO BE SIGNED BY THE INCUMBENT.
I have reviewed the contents of the questionnaire, and it accurately describes my job.

Print Name _____ Sign _____ Date _____

TO THE SUPERVISOR: PLEASE PROVIDE ANY ADDITIONAL INFORMATION THAT YOU BELIEVE WILL CONTRIBUTE TO A CLEARER UNDERSTANDING OF THE DUTIES PERFORMED BY THIS POSITION. USE ADDITIONAL PAPER IF NEEDED.

Comments:

Print Name _____ Sign _____ Date _____

TO THE AGENCY DIRECTOR OR THE AUTHORIZED REPRESENTATIVE OF THE AGENCY DIRECTOR:
I have reviewed the contents of the questionnaire, and it accurately describes this position.

Print Name _____ Sign _____ Date _____

** Please attach an organization chart clearly identifying each position's official classification title, position number, class code, and grade. Include at least two levels of supervision above this position, this position's co-workers, and if applicable, subordinates. **If requesting a reclassification**, two (2) organization charts (current and proposed) must be attached.