

Position Description Questionnaire State of Nebraska DAS State Personnel	Office Use
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Agency Information

Agency: _____
 Division: _____

Classification Information

Current Class Title: _____
 Class Code: _____
 Salary Grade: _____

Requested Class Title: _____
 Class Code: _____
 Salary Grade: _____

Employee Information

Employee Name: _____
 Employee Work Location: _____
 Employee Phone Number: _____

Supervisor Information

Immediate Supervisor Name: _____
 Supervisor Class Title: _____
 Supervisor Work Location: _____
 Supervisor Phone Number: _____

**Management completes this section
 This classification request is:**

1. Employee Initiated OR Management Initiated OR State Personnel Initiated
2. to Reclassify a Position OR to Create a Position OR for Class Study or Update
3. for Position Number: _____
4. Date submitted to DAS – State Personnel Division: _____

Introduction to the Position Description Questionnaire

In completing this questionnaire, please respond to every section that applies to your position. After you complete the questionnaire, your supervisor and others will review it for completeness and accuracy, when they complete the "Supervisor's and Management's Review" section.

Your responses are used to determine the ranking of your position relative to others in State government and aid in the operation of other human resource management activities. Your responses, therefore, need to be as complete and accurate as possible. They will not be used to evaluate your job performance, nor be seen as limiting the authority of an agency head or supervisor to assign work.

GENERAL INSTRUCTIONS *(Please read these directions carefully.)*

Before answering each section, please read through the entire questionnaire. If further space is needed to answer a section completely and accurately, please attach additional pages. If a section does not apply to your position, answer "not applicable or N/A." Please type or, if you prefer, legibly write your responses onto the questionnaire.

SPECIAL INSTRUCTIONS FOR SUBMITTING THIS FORM ELECTRONICALLY:

This form may be completed and submitted via electronic means. If submitting this form electronically, by typing your name in the designated signature box(es), you are signing this form. Your signature (whether traditional or electronic) on this form certifies that the responses provided in this form accurately and completely describe the position based on your understanding of the current duties and responsibilities of the position, except as noted in the comments section.

NOTE: electronic submission of this form will only be accepted with all appropriate electronic signatures and an accompanying e-mail providing specific information concerning the request including the position number, incumbent name (if applicable), current classification, requested classification and date of submission. This e-mail should also include a copy to the manager and employee (if occupied).

Failure to complete the above steps will cause the electronic submission to be returned until such time all requested information is provided.

1. Essential Duties of the Position:

In the first column of the table "List of Essential Duties Performed" on the next page, please describe the **essential duties** of this position in clear, concise statements. Begin each essential duty statement with an **action verb** such as: Drives, Conducts, Repairs, Files, Types, Answers, Summarizes, and Interprets. Avoid words having unclear meanings such as Assists, Performs, Provides, Handles, Maintains, Participates, and Deals with. Use examples if they would make the duties described more clear.

Then, for each of these duties, mark the proper response under each of the next three columns using the following guidelines:

- **Percentage of Time:** Estimate the percentage of time spent performing each duty. Do not include a duty which occupies less than 5% of your time unless it is essential to the position. The total of all percentages should account for between 90% and 100% of the position's time. Whether you perform this duty on a daily, weekly, monthly, quarterly, or annual basis, the following chart will help you estimate the percent of time you spend doing it.

Percentage	Daily	Weekly	Monthly	Quarterly	Annually
5%	1/2 hour	2 hours	1 days	3 days	2 1/2 weeks
10%	1 hour	4 hours	2 days	6 1/2 days	5 weeks
15%	1 1/2 hours	6 hours	3 1/2 days	10 days	8 weeks
20%	2 hours	8 hours	4 1/2 days	13 days	10 weeks
25%	2 1/2 hours	10 hours	5 1/2 days	16 days	13 weeks

- **Most Critical:** Rate how critical each duty is to the position's overall work objectives. Use a rating scale of 1 to 5 (rating from 1 being most critical to 5 being least critical). Duties performed infrequently or that do not involve a large amount of time may still be critical to the position. The same rating may be given to more than one duty.

Newly Assigned Duty: Place a check mark (✓) in this column for those duties that have been newly assigned in the last six months and/or have been added since the last classification review.

2. Data/Information Used:

- a. List below the type(s) of reports, documents, charts, graphs, payments, etc., **received and/or reviewed** in the performance of your duties. Beside each item, briefly describe the purpose or reason you receive and/or review it. Then state what you do with it and/or the data/information contained in it, after it is received and/or reviewed.

Type of Record, Report, Chart, Etc.	Purpose or Reason for Receiving It	What is Done With It

- b. List below the type(s) of records, reports, charts, graphs, etc. **prepared** in the performance of your duties. Beside each item, briefly describe the purpose of the document. Then state what is done with it after it is prepared.

Type of Record, Report, Chart, Etc.	Purpose or Reason for Preparing It	What is Done With It

- c. List below the type(s) of manuals, texts, drawings, documents, etc., **which are referred to or used** in the performance of your duties. Beside each item, briefly describe the purpose for which you refer to it.

Type of Manual, Book, Drawing, Etc.	Purpose for which it is Referred to

3. Interpersonal Communication/Interaction:

- a. List those persons or groups **with whom communication** occurs in the performance of your duties. Beside each person, group, or organization listed, state the purpose for which the communication and/or interaction occurs.

Person/Group with Whom Communication/Interaction Occurs	Purpose of Communication/Interaction

- b. List the names and job titles of individuals you **directly supervise**. Beside each listing, note whether these are part- time or full-time positions, and, where applicable, the number of staff directly supervised by these individuals.

Person(s) You Directly Supervise	His or Her Job Title	Part Time or Full Time	Number of Employees he or she Supervises

- c. If your position involves leadership, supervisory, or managerial responsibilities for other staff, check (✓) below in the first two columns of boxes the responsibilities assigned to you on an on-going basis. Then check your level of **involvement in supervising/managing employees** regularly assigned to you.

Work/Team Leader		Supervisor/Manager		Level of Involvement					
<input type="checkbox"/>	Instruct/mentor staff	<input type="checkbox"/>	Employee leave	<input type="checkbox"/>	Give Input OR	<input type="checkbox"/>	Recommend OR	<input type="checkbox"/>	Final Approval
<input type="checkbox"/>	Assign work to staff	<input type="checkbox"/>	Resolve formal grievances	<input type="checkbox"/>	Give Input OR	<input type="checkbox"/>	Recommend OR	<input type="checkbox"/>	Final Approval
<input type="checkbox"/>	Review work of staff	<input type="checkbox"/>	Select new employees	<input type="checkbox"/>	Give Input OR	<input type="checkbox"/>	Recommend OR	<input type="checkbox"/>	Final Approval
<input type="checkbox"/>	Plan work of staff	<input type="checkbox"/>	Transfer/promotion action	<input type="checkbox"/>	Give Input OR	<input type="checkbox"/>	Recommend OR	<input type="checkbox"/>	Final Approval
<input type="checkbox"/>	Maintain work standards	<input type="checkbox"/>	Disciplinary action	<input type="checkbox"/>	Give Input OR	<input type="checkbox"/>	Recommend OR	<input type="checkbox"/>	Final Approval
<input type="checkbox"/>	Coordinate staff activities	<input type="checkbox"/>	Discharge action	<input type="checkbox"/>	Give Input OR	<input type="checkbox"/>	Recommend OR	<input type="checkbox"/>	Final Approval
<input type="checkbox"/>	Reallocate/schedule staff	<input type="checkbox"/>	Adjust salary of staff	<input type="checkbox"/>	Give Input OR	<input type="checkbox"/>	Recommend OR	<input type="checkbox"/>	Final Approval
<input type="checkbox"/>	Counsel employee problems	<input type="checkbox"/>	Evaluate performance	<input type="checkbox"/>	Give Input OR	<input type="checkbox"/>	Recommend OR	<input type="checkbox"/>	Final Approval

6. Financial Responsibilities Assigned:

If your position has any financial (budgetary or procurement) responsibilities, complete the following table, showing the **approximate annual value** of the item over which you have financial approval, accountability, or signature authority. If this value varies from year to year, calculate the average amount. For each item listed below on the left, check (✓) all boxes that apply. Do not list any type if less than \$1,500.00.

Type of Item of Value	Dollar Amount	Justify Needs & Recommend Proposals (✓)	Prepare Financial Data & Documents (✓)	Approve Final Requests (✓)	Authorize Expenditures or Allocations (✓)	Monitor, Track & Record Expenditures or Allocations (✓)
Salaries & Wages	\$					
Equipment & Machinery	\$					
Material & Supplies	\$					
Grants (pass through funds)	\$					
Program Services	\$					
Contractual or Rental Services	\$					
Travel & Lodging	\$					
Other (specify)	\$					
TOTAL	\$					

Employee Signature Block:

NOTE: (If submitting this form electronically, by typing your name in the box below, you are signing this form.) Your signature on this form certifies that the responses provided in this form accurately and completely describe the position based on your understanding of the current duties and responsibilities of this position, except as noted in the comments section above. If the box below is not completed, we will return it for signature.

Sign / Type the date here →	
Sign / Type your name here →	

After completing the next section of this questionnaire, please sign and date it, and then give it to your immediate supervisor for review. Thank you for your time and cooperation.

4. **QUALIFICATIONS:** Check (✓) below the amount of work/life experience, education, training, and/or other requirements a person would need to have in order to successfully perform the duties and responsibilities of this position. Beside the items checked, describe what kinds of background minimally required and preferred.

Minimum (✓)	Preferred (✓)	Amount of Experience	Kind of Experience
		Less than 1 year	
		1 year up to 2 years	
		2 years up to 3 years	
		3 years up to 5 years	
		5 years up to 7 years	
		7 years up to 10 years	
		10 or more years	

Minimum (✓)	Preferred (✓)	Level of Education, Vocational or other Training	Specific Major, Concentration, or Area of Learning
		High School diploma or G.E.D.	
		Vocational/Technical diploma	
		Some college/Associate's degree	
		Bachelor's degree	
		Master's degree	
		Jurisprudence doctorate	
		Doctorate degree	
		Other	

5. **SPECIAL REQUIREMENTS OF LAW:** List any specific work related security clearance, training, trade apprenticeship, or professional specialty, licensure, registration, certification, or other designation needed to meet occupational requirements for this position. Please provide a copy of the source (e.g., state statute, federal regulation) of this requirement.

6. Would this position be eligible to receive overtime compensation? Yes No

7. Would this position be covered by a labor contract? Yes No

8. Attach to this questionnaire an agency organization chart showing where this position is located (circle or highlight the position on this chart). Please include the agency employees directly and indirectly supervised by this position, and at least two levels of supervisors immediately above this position.

Signature Page

Supervisor Signature Block:

NOTE: (If submitting this form electronically, by typing your name in the box below, you are signing this form). Your signature, whether traditional, or submitted electronically, on this form certifies that the responses provided in this form accurately and completely describe the position based on your understanding of the current duties and responsibilities of this position, except as noted in the comments section above. If the box below is not completed, it will be returned for signature(s).

Sign / Type the date here →	
Sign / Type your name here →	

If applicable, please provide the following signatures also.

Division Director's or Administrator's Signature Block:

NOTE: (If submitting this form electronically, by typing your name in the box below, you are signing this form). Your signature, whether traditional, or submitted electronically, on this form certifies that the responses provided in this form accurately and completely describe the position based on your understanding of the current duties and responsibilities of this position, except as noted in the comments section above. If the box below is not completed, it will be returned for signature(s).

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Sign / Type your name here →	

Agency Director's or Designee's Signature Block:

NOTE: (If submitting this form electronically, by typing your name in the box below, you are signing this form). Your signature, whether traditional, or submitted electronically, on this form certifies that the responses provided in this form accurately and completely describe the position based on your understanding of the current duties and responsibilities of this position, except as noted in the comments section above. If the box below is not completed, it will be returned for signature(s).

Sign / Type the date here →	
Sign / Type your name here →	