

Position Description Questionnaire Guide

Please note that ALL fields are required; this **form will be returned** to the requestor **if any fields are left blank**. Additional materials/documents that you feel demonstrate the assigned duties may also be submitted with this form.

Cover Sheet Data:

Agency/Division

The information to be entered is obvious but it does need to be entered for our use and purposes.

Initiator of Request

Employee Initiated: submitted by an employee when they believe their position is misclassified.

Management Initiated: submitted when the job duties have changed significantly; management may ask the employee to fill out the form, but it is still management initiated.

State Personnel Initiated: submitted when State Personnel has requested a PDQ to review a position for comparability.

Purpose of Request

Reclassifying Position: Position *currently exists* and is allocated to your agency with a specific position number; requesting to change the classification of that position number.

Create Position: Adding a *new FTE* and creating a new position number.

Class Study: Reviewing one classification or a classification series and the positions allocated to the classification(s) to determine if concept and pay ranges are still accurate and applicable.

Position Number

Enter *current* position number that is tracked in official record-keeping database. If your agency tracks positions internally by previous conventions, you may add that in parentheses.

Current Classification

Enter position's actual classification and class code found on the Classified Pay Plan. "Working Titles" should not be used unless in conjunction with the actual class title.

Requested Classification

If an employee initiates a classification review, they are required to identify an existing classification. Management initiated requests do not require specifying a class but the field should indicate "to be determined" if unsure.

Employee Details

Enter "vacant" if unoccupied otherwise enter current employee name and contact information.

Immediate Supervisor Details

This needs to be accurate! If unoccupied at the date of submission enter "vacant" but still enter the classification title of the position that normally supervises the position to be reviewed.

Position Details

1. Purpose of submitting request – why is current classification inappropriate?

Explain the following in this section:

- a. What specifically has changed?
- b. What duties are being performed now that do not fit in the current class?
- c. Response to this question will satisfy Article 19.2b of the NAPE Labor Contract for employee initiated requests.

2. Why requested class is most appropriate for the work assigned?

Explain the following in this section:

- a. What are the specific duties performed that more closely align with the requested class?
- b. What other details about the position support classification to the requested class?
- c. Is there another existing position performing the same duties? If so, list the position(s) to which you compare the position under review? What specific details make these other positions comparable?
- d. Response to this question will satisfy Article 19.2c of the NAPE Labor Contract for employee initiated requests.

3. What is the essential purpose of this position?

Explain the following in this section:

- a. What is the position's role within the work unit/team? Why does the position exist?
- b. As you think through this question, what are the overall processes the team is responsible for?
 - i. What does this position do within the larger processes?
 - ii. Why is that work needed?

Do not provide the overall mission/work of the entire unit – only the primary contribution of *this* position within the Unit/Division.

4. Additional background details relevant to this review.

Explain the following in this section as it pertains to this position:

- a. Where are the duties coming from?
 - i. Were they previously done by another employee/team?
 - ii. Why are they being assigned to this position?
 - iii. Are they entirely new duties that were previously not being performed anywhere?
 1. Why are they being done now?

2. Was there new Legislation?
 - a. Provide the Legislative Bill number and describe it.
3. Was there an increase or change in Federal Regulations?
 - a. What were the changes?
- b. Is it part of a Re-Organization
 - i. Describe the reorganization and how it is impacting this position.
- c. Other?
 - i. Has the workload increased substantially requiring a redistribution of work or an additional position?
 - ii. Are there licensure or other legal requirements needed to perform the work?

5. Supervisory Duties

Supervisory duties of other State employees per the definition of Neb. Revised Statute 48-801 (10), (2008 Cum. Supp.). Click on the link to complete the “Supervisory Exclusion Questionnaire” and submit with PDQ.

NOTE: Overseeing the work of contractors or vendors should be described in the Essential Duties section and is not considered valid for exclusion from coverage under a labor contract.

6. Financial Responsibility

If the position prepares, reviews, tracks, and/or authorizes any financial transactions, click on the link for the “Financial Responsibilities Questionnaire” and submit with PDQ.

7. Organizational Chart

Organizational charts should contain: names, class titles, and position numbers plus any program/unit/team identifying information.

- a. The full Unit should be provided – employees that directly and indirectly supervise the position and at least two levels of supervisors immediately above the reviewed position.
- b. If this request is part of a reorganization, please include org charts that show the area pre and post change.

8. Essential Duties

Do not copy and paste duties from the classification specification. The class specs contain broad generic statements that do not describe individual positions. We need to know about the specific duties and responsibilities assigned to the specific position we are reviewing.

- a. In the first column of the table “Essential Duties of the Position”, list the core duties and **describe how the work is done** in clear, concise statements, including information about what is being done, who is impacted by the work, and who else is involved.

Please refer to the link below for tips on how to write strong essential duty statements. The clearer the description, the less questions State Personnel will have in making a classification determination!

<http://das.nebraska.gov/personnel/classncomp/toolbox/SupplementtoEssentialDutiesSection.pdf>

- b. In the second column enter an accurate estimate of percent of time duty is performed. The total of all duties listed should equal between 90 and 100%. Click on the link above for Essential Duties Supplement which explains methods for determining amount of time duty is performed.
- c. The third column indicates the criticality of the duty assigned. Theoretically all duties are critical or they would not be performed; however, some are more important if not completed at all or done incorrectly. Please rank each duty between 1 and 5 where 1 is most critical and 5 is least critical.
- d. The fourth column is essential to our review as it quickly indicates what has significantly changed. We will be skeptical if there is a request for reclassification and nothing is checked in this column. 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.

9. Nature and Impact of Independent Decisions Made

Describe the three highest level conclusions or resolutions that this position may make *without* higher level input or approval. What is the decision-making process; what must be taken into consideration in order to make the determination? Who or what is affected by these decisions? What is the potential impact if the wrong decision is made? What is involved to correct the error? **Be specific; do not simply re-state a duty.**

Supervisor's and Management's Review

DO NOT CHANGE THE EMPLOYEE'S RESPONSES

Whether you agree or disagree this is your place to state why. If you have additional information that you believe would help clarify any of the employee's comments, please add it here or submit with this document.

If there are multiple levels of management reviewing the request before submission, please make sure to label who is making the specific comments.

Sign and send the form to your agency's HR Contact so that they may submit to State Personnel.