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# Position Description Questionnaire (PDQ)

*Tools to assist in filling out this form are available on* [*DAS Class & Comp website*](https://das.nebraska.gov/personnel/classcomp/pdq.html)*.*

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| **Agency:** | Click here to enter text. |
| **Division:** | Click here to enter text. |
| **Request initiated by:** *who is initiating this review request? Employee, Management or State Personnel* | Choose an item. |
| **Purpose of Request:** | Choose an item. |
| **Position Number:** | Click here to enter text. |
| **Current Class Title:** | Click here to enter text. |
| **Current Class Code:** | Click here to enter text. |
| **Requested Class Title:** | Click here to enter text. |
| **Requested Class Code:** | Click here to enter text. |
| **Employee Name (if position is occupied):** | Click here to enter text. |
| **Employee Work Phone:** | Click here to enter text. |
| **Employee Work Email:** | Click here to enter text. |
| **Supervisor Name:** | Click here to enter text. |
| **Supervisor Title**: | Click here to enter text. |
| **Supervisor Phone:** | Click here to enter text. |
| **Supervisor Email:** | Click here to enter text. |
| **Document Completed by:** (*name and title)* | Click here to enter text. |

1. **Explain the reason for submitting this request, including why the current classification is inappropriate.** Click here to enter text.
2. **If a specific classification is being requested, please explain why the requested classification better describes the duties and responsibilities assigned.** Click here to enter text.
3. **Briefly describe the essential purpose and contribution of this position and the primary reason this position exists. Describe what this position does, not the work done by the entire work unit.** *(this section should be an overview of the duties described in section 7 of this document)*Click here to enter text.
4. **Please provide any additional situational or background information, which may be relevant (e.g. were the new duties/s added as a result of legislation or regulation changes, have they been delegated from another employee (if so who), or a reorganization which has changed the work of this position, etc.).** Click here to enter text.
5. **Does this position directly supervise any other employees?** Choose an item.
***IF YES****,* [*click here to complete the Supervisory Exclusion Questionnaire*](https://das.nebraska.gov/personnel/docs/NE_DAS_Personnel_Classification_and_Compensation-PDQ_Supervisory_Questionnaire.doc)*. Please submit with this form.*
6. **Does this position have financial (budgetary or procurement) responsibilities?** Choose an item. ***If YES****,* [*click here to complete the Financial Responsibilities Questionnaire*](https://das.nebraska.gov/personnel/docs/NE_DAS_Personnel_Classification_and_Compensation-PDQ_Financial_Responsibilities_Questionnaire.pdf)*. Please submit with this form.*

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

1. **Essential Duties of the Position**.

Please list and describe the essential duties assigned to this position. Explain what is performed, how it is performed, who or what is impacted, and other positions/contacts involved with the performance of the 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.

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| --- |
| Essential Duties of the Position |
| Description of Duty | **Percentage****of Time** | **Criticality****1 = Most Critical****5 = Least Critical** | **Is this a \*New Duty assigned to this position?** **(Yes or No)** |
| 1. Click here to enter text.
 | % | Choose an item. | Choose an item. |
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 \**A new duty would be any duty that has been assigned since position was filled or last reviewed for classification*

1. **Independent Decisions.**

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| --- | --- |
| **What decisions can this position make independently?** Describe any decisions or resolutions that this position may make *without* input or approval from their supervisor or manager**.** | Click here to enter text. |
| **What decisions does this position provide input or recommendations for?** Describe any decisions that this position assists/makes a recommendation for that must still receive approval from their supervisor or manager. | Click here to enter text. |
| **What issues or decisions must be escalated to their supervisor or manager?**  | Click here to enter text. |

***After completing the above section questionnaire, please sign and date it, and then give it to your immediate supervisor for review and notify your agency’s Human Resources.
Thank you for your time and cooperation.***

*By entering your name below, you are signing this form and certifying that the responses provided in this questionnaire accurately and completely describe the current duties and responsibilities of this position. If not signing electronically, please include the date.*


## Supervisor’s and Management’s Review

1. **List the type and amount of education and/or experience a person must possess to perform the essential functions of this position.** Click here to enter text.
2. **Supervisors or Managers**, please review the employee’s responses carefully to verify whether you think they provided an accurate and complete description of the position.

[ ]  **Yes** [ ]  **No –** Do you as the Supervisor or Manager, agree with the all the information provided in this document?

If the supervisor or manager disagrees with any of the statements in this document or pertinent information is missing, please list the section and provide your comments below. Please clearly label each reviewer’s comments. The employee’s work performance will not be considered in the classification review of this position. **DO NOT CHANGE ANY OF THE EMPLOYEE’S RESPONSES.**

|  |  |  |
| --- | --- | --- |
| PDQ Section | Reviewer *(your name)* | Reviewer’s Comments |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
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*By entering your name below, you are signing this form and certifying that the responses provided in this questionnaire accurately and completely describe the current duties and responsibilities of this position based on your understanding, except as noted in the comments section above. If not signing electronically, please include the date.*

\*\*\* State Budget verification must be provided to State Personnel. Agency Budget verification may be indicated here to assist in State Budget’s review.

