

Position Description Questionnaire (PDQ) Instructions

Purpose

The position description questionnaire (PDQ) is designed to obtain information about jobs within the organization for classification purposes only.

The goal of the PDQ is to capture a **current** and **accurate** picture of the work being performed within a specific position. The information collected will be used to update classifications as necessary and make recommendations to management. This questionnaire will be used to evaluate the duties that constitute the **position**, not the performance or qualifications of the **employee**.

Process

1. Employee completes the PDQ and emails to immediate Supervisor and kzaragoza@sbccd.cc.ca.us by Tuesday, April 2, 2019.
2. Supervisor/Manager reviews employee's PDQ and completes Supervisor/Management Statement and also check the appropriate boxes for 1A: Duties (needed at entry) on pages (2-3) and check the appropriate boxes for 2A: Knowledge and 2B: Abilities (needed at entry) column on page (5).
3. Supervisor/Manager sends to Human Resources Department Karla Zaragoza at kzaragoza@sbccd.cc.ca.us by Tuesday, April 9, 2019.
4. SBCCD Human Resources staff sends all PDQs and attachments to CPS HR.

Employee

There are response boxes at the end of each section where you may write in new or additional duties/tasks/functions, explain changes or corrections that need should be made, and provide any other feedback to be considered during the review process. Leave these sections blank if you do not have any additions.

When completing the PDQ, you may use your existing job description for reference:

[http://www.sbccd.org/Human Resources-Jobs/Job Descriptions/Classified](http://www.sbccd.org/Human_Resources-Jobs/Job_Descriptions/Classified)

EMPLOYEE INFORMATION

Name*

Work Phone Number:

Work Location:

Work E-mail Address:

Current Classification Title:

Length of Time in Current Position:

Supervisor's Name:

Supervisor's Classification Title:

SECTION 1: REPRESENTATIVE JOB DUTIES

List the representative job duties of your classification and a brief summary of the main purpose of your job.

As you provide a description of your duties, please use terms that anyone reviewing this form will be able to understand. Avoid abbreviated, vague, or abstract words, such as “assists”, “handles”, “keeps”, or “prepares”, unless you describe how you assist, what you prepare, etc. Be specific. Please use terms that anyone reviewing this form will be able to understand.

In addition to writing the representative job duties, please rate each on frequency, importance, % of time spent on the task, where does work come from, and work with whom to complete.

Representative Job Duty Rating

- **Frequency:** How frequently do you perform this task?
 - **Never.** I do not perform this task in my job.
 - **Infrequently.** I perform this task no more than once a month.
 - **Somewhat frequently.** I perform this task no more than once a week.
 - **Frequently.** I perform this task several times a week, but no more than once a day.
 - **Very frequently.** I perform this task several times each day.

- **Importance:** How important is this task for successfully performing your job?
 - **Not important.** This task is not important to my job. Failure to successfully perform this task typically has no consequence.
 - **Minor importance.** This task is of minor importance to my job. Failure to successfully perform this task has little or no consequence.
 - **Important.** This task is important to my job. Failure to successfully perform this task has some negative consequences.
 - **Critical.** This task is one of the most essential tasks of my job. Failure to successfully perform this task has significant negative consequences.

- **% of Time Spent on Task:** Provide the approximate percent of time spent on each essential function. The total of all percentages should equal 100%. If the total percent of time spent on tasks totals more than 100% due to overlap in duties, please explain in the “additional comments” box.

- **Needed at Entry (supervisor only):** Is it necessary to know how to perform this task upon entry into this job?
 - **No** = Success in this job does not require proficiency in this task prior to entry. Job demands allow a newly hired person to acquire task proficiency through training or experience on the job.
 - **Yes** = Success in this job requires experience performing this task prior to entry. Job demands require task proficiency soon after hire (for example, in the first week or so) and there is no opportunity to learn to perform this task through training or experience on the job.

#	1A: Representative Job Duties	Frequency	Importance	% of time Spent on Task	Where Does Work Come From?	Work with Whom to Complete?	Needed at Entry (Supervisor Only)
1		<input type="checkbox"/> Never <input type="checkbox"/> Infrequently <input type="checkbox"/> Somewhat Frequently <input type="checkbox"/> Frequently <input type="checkbox"/> Very Frequently	<input type="checkbox"/> Not Imp. <input type="checkbox"/> Minor Imp. <input type="checkbox"/> Important <input type="checkbox"/> Critical				<input type="checkbox"/> Yes <input type="checkbox"/> No
2		<input type="checkbox"/> Never <input type="checkbox"/> Infrequently <input type="checkbox"/> Somewhat Frequently <input type="checkbox"/> Frequently <input type="checkbox"/> Very Frequently	<input type="checkbox"/> Not Imp. <input type="checkbox"/> Minor Imp. <input type="checkbox"/> Important <input type="checkbox"/> Critical				<input type="checkbox"/> Yes <input type="checkbox"/> No
3		<input type="checkbox"/> Never <input type="checkbox"/> Infrequently <input type="checkbox"/> Somewhat Frequently <input type="checkbox"/> Frequently <input type="checkbox"/> Very Frequently	<input type="checkbox"/> Not Imp. <input type="checkbox"/> Minor Imp. <input type="checkbox"/> Important <input type="checkbox"/> Critical				<input type="checkbox"/> Yes <input type="checkbox"/> No
4		<input type="checkbox"/> Never <input type="checkbox"/> Infrequently <input type="checkbox"/> Somewhat Frequently <input type="checkbox"/> Frequently <input type="checkbox"/> Very Frequently	<input type="checkbox"/> Not Imp. <input type="checkbox"/> Minor Imp. <input type="checkbox"/> Important <input type="checkbox"/> Critical				<input type="checkbox"/> Yes <input type="checkbox"/> No
5		<input type="checkbox"/> Never <input type="checkbox"/> Infrequently <input type="checkbox"/> Somewhat Frequently <input type="checkbox"/> Frequently <input type="checkbox"/> Very Frequently	<input type="checkbox"/> Not Imp. <input type="checkbox"/> Minor Imp. <input type="checkbox"/> Important <input type="checkbox"/> Critical				<input type="checkbox"/> Yes <input type="checkbox"/> No
6		<input type="checkbox"/> Never <input type="checkbox"/> Infrequently <input type="checkbox"/> Somewhat Frequently <input type="checkbox"/> Frequently <input type="checkbox"/> Very Frequently	<input type="checkbox"/> Not Imp. <input type="checkbox"/> Minor Imp. <input type="checkbox"/> Important <input type="checkbox"/> Critical				<input type="checkbox"/> Yes <input type="checkbox"/> No
7		<input type="checkbox"/> Never <input type="checkbox"/> Infrequently <input type="checkbox"/> Somewhat Frequently <input type="checkbox"/> Frequently <input type="checkbox"/> Very Frequently	<input type="checkbox"/> Not Imp. <input type="checkbox"/> Minor Imp. <input type="checkbox"/> Important <input type="checkbox"/> Critical				<input type="checkbox"/> Yes <input type="checkbox"/> No

#	1A: Representative Job Duties	Frequency	Importance	% of time Spent on Task	Where Does Work Come From?	Work with Whom to Complete?	Needed at Entry (Supervisor Only)
8		<input type="checkbox"/> Never <input type="checkbox"/> Infrequently <input type="checkbox"/> Somewhat Frequently <input type="checkbox"/> Frequently <input type="checkbox"/> Very Frequently	<input type="checkbox"/> Not Imp. <input type="checkbox"/> Minor Imp. <input type="checkbox"/> Important <input type="checkbox"/> Critical				<input type="checkbox"/> Yes <input type="checkbox"/> No
9		<input type="checkbox"/> Never <input type="checkbox"/> Infrequently <input type="checkbox"/> Somewhat Frequently <input type="checkbox"/> Frequently <input type="checkbox"/> Very Frequently	<input type="checkbox"/> Not Imp. <input type="checkbox"/> Minor Imp. <input type="checkbox"/> Important <input type="checkbox"/> Critical				<input type="checkbox"/> Yes <input type="checkbox"/> No
10		<input type="checkbox"/> Never <input type="checkbox"/> Infrequently <input type="checkbox"/> Somewhat Frequently <input type="checkbox"/> Frequently <input type="checkbox"/> Very Frequently	<input type="checkbox"/> Not Imp. <input type="checkbox"/> Minor Imp. <input type="checkbox"/> Important <input type="checkbox"/> Critical				<input type="checkbox"/> Yes <input type="checkbox"/> No

Please provide any additional comments for review regarding **representative job duties**.

Please provide a **brief summary** of the main purpose of your job. (1-2 sentences)

What is the total amount and type/name of any budget or funds for which you have direct accountability for?

Please mark an "X" in any box that applies to your responsibility level for the budget.

Monitoring	<input type="checkbox"/>	Development	<input type="checkbox"/>	Recommend Purchases	<input type="checkbox"/>	Authorize Expenditures	<input type="checkbox"/>
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SECTION 2: QUALIFICATIONS: KNOWLEDGE/ABILITIES

Knowledge and Abilities (KAs) are defined as:

- **Knowledge:** A body of information that an individual must know to perform an activity; understanding gained through experience or education. (Examples: Knowledge of College District Rules and Regulations, and Knowledge of programming language/protocols)
- **Ability:** The potential to apply a knowledge or skill to a given situation; abilities usually involves cognitive processing. (Examples: mathematical ability, ability to orally communication, writing ability, and ability to read blueprints)

Briefly and accurately report the KAs needed to perform this position. After reading the KAs, rate each statement on the following:

- **Importance:** How important is this KA for successfully performing your job?
 - **Not important.** This KA is not important to successful performance.
 - **Minor importance.** This KA is of minor importance to successful job performance.
 - **Important.** This KA is important for successful performance.
 - **Critical.** This KA is essential to the job and is critically important to successful performance.
- **Needed at Entry (supervisor only):** Is this KA needed upon entry into this job? In other words, must an individual be competent in a particular area before entering the job, or is an individual expected to gain competence through training or experience on the job.
 - **No** = Successful job performance does not require proficiency in this KA prior to entry. Competence in this area must be developed over time through training or experience on the job.
 - **Yes** = Successful job performance requires this KA prior to entry. Competence in this area is difficult to acquire, and job demands require this KA soon after hire (for example, in the first week or so).

#	2A: Knowledge	Importance		Needed at Entry (Supervisor Only)
1		<input type="checkbox"/> Not Imp. <input type="checkbox"/> Minor Imp.	<input type="checkbox"/> Important <input type="checkbox"/> Critical	<input type="checkbox"/> Yes <input type="checkbox"/> No
2		<input type="checkbox"/> Not Imp. <input type="checkbox"/> Minor Imp.	<input type="checkbox"/> Important <input type="checkbox"/> Critical	<input type="checkbox"/> Yes <input type="checkbox"/> No
3		<input type="checkbox"/> Not Imp. <input type="checkbox"/> Minor Imp.	<input type="checkbox"/> Important <input type="checkbox"/> Critical	<input type="checkbox"/> Yes <input type="checkbox"/> No
4		<input type="checkbox"/> Not Imp. <input type="checkbox"/> Minor Imp.	<input type="checkbox"/> Important <input type="checkbox"/> Critical	<input type="checkbox"/> Yes <input type="checkbox"/> No
5		<input type="checkbox"/> Not Imp. <input type="checkbox"/> Minor Imp.	<input type="checkbox"/> Important <input type="checkbox"/> Critical	<input type="checkbox"/> Yes <input type="checkbox"/> No

#	2B: Ability	Importance		Needed at Entry (Supervisor Only)
1		<input type="checkbox"/> Not Imp. <input type="checkbox"/> Minor Imp.	<input type="checkbox"/> Important <input type="checkbox"/> Critical	<input type="checkbox"/> Yes <input type="checkbox"/> No
2		<input type="checkbox"/> Not Imp. <input type="checkbox"/> Minor Imp.	<input type="checkbox"/> Important <input type="checkbox"/> Critical	<input type="checkbox"/> Yes <input type="checkbox"/> No
3		<input type="checkbox"/> Not Imp. <input type="checkbox"/> Minor Imp.	<input type="checkbox"/> Important <input type="checkbox"/> Critical	<input type="checkbox"/> Yes <input type="checkbox"/> No
4		<input type="checkbox"/> Not Imp. <input type="checkbox"/> Minor Imp.	<input type="checkbox"/> Important <input type="checkbox"/> Critical	<input type="checkbox"/> Yes <input type="checkbox"/> No
5		<input type="checkbox"/> Not Imp. <input type="checkbox"/> Minor Imp.	<input type="checkbox"/> Important <input type="checkbox"/> Critical	<input type="checkbox"/> Yes <input type="checkbox"/> No

6B: MINIMUM QUALIFICATIONS

Education

Check the education that is minimally required to perform the job:

- Less than High School
- High School Diploma or Equivalent (GED)
- Technical School
- Associate Degree
- Bachelor’s Degree (Undergraduate)
- Graduate Degree
- Other Degree

Describe any specific education required to perform the job. (For example, what type of background would you expect a successful job applicant to have?)

Experience

Check the minimum number of years of experience that is needed to proficiently perform the job:

- No experience needed
 6 months or less
 1 year
 2-4 years
 5 years +
 Other (enter length of time and specify months/year) _____

Describe any specific work experience required to perform the job. Also, list any desirable experience. (For example, what type of background would you expect a successful job applicant to have?)

Licenses & Certifications

1. Does the job require a Driver's License? YES NO If yes, specify type: _____

2. Please list any other licenses or certificates required by law or your employer to perform your job.

#	License or Certificate	Required by:	
		Law	Employer
1		<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>

2C: Equipment Used

List electronic equipment, software, machines, tools, instruments, equipment, protective or vehicles used in performing the essential duties of the job.

#	Equipment	#	Equipment
1		4	
2		5	
3		6	

SECTION 3: SUPERVISION/DIRECTION

3A: Supervision/Direction Received

1. Please select **one** of the following that best describes the type and amount of supervision that the position receives (even if already describe above).

- Supervisor frequently checks job activities.
- Works alone on routine or regular work assignments and checks with supervisor on non-routine assignments or when in doubt as to the correct procedures to follow.
- Receives occasional supervision while working toward a definite objective that requires use of a wide range of procedures. Plans and/or determines specific procedures or equipment required to meet assigned objectives and solves non-routine problems. Refers only unusual matters to supervisor.
- Works from broad policies and towards general objectives. Refers specific matters to superior(s) only when interpretation or clarification of organizational policies is necessary.
- Works from general directives or broadly defined missions of the organization.

2. From whom are work assignments received?

#	Work Assignment(s)	Assigned By	Title
1			
2			
3			

3B: Supervision/Direction Given

1. Does the position directly supervise employees? YES NO

Indicate the total number of employees supervised directly ____ OR indirectly ____.

2. Does position perform "Lead" duties? YES NO **If "NO", skip to Section 5**

(Lead duties generally include providing work direction and/or ongoing guidance to staff; assigning and monitoring work; and assisting in providing information to the supervisor in areas such as employee selection and coverage schedules. Lead workers are not responsible for hiring/firing, corrective action, or preparing performance evaluations though they may provide input for the evaluations.)

3. List the employees directly supervised (include name, classification, and status). If position supervises more than ten employees, list only the job titles and number of people supervised:

Abbreviations:

- FTE = Full-time/Part-Time Permanent Employee
- PTE = Student Workers, Short-Terms, Professional Experts
- TEMP = External Temporary or Contracted Employee (ie. Independent contractors)

#	Job Title	Name(s)	# FTE	# PTE / TEMP
1				
2				
3				
4				
5				

3B: What type of supervision/lead is provided? Please select all of the supervisory/lead duties performed, the level of authority, and indicate whether the activity is performed for employees, non-employees (e.g. vendors), or both.

Duty	No Authority	Recommend	With Prior Approval	On Own Authority	Employee or Non-Employee (EE or NE)
Train others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hire employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Duty	No Authority	Recommend	With Prior Approval	On Own Authority	Employee or Non-Employee (EE or NE)
Plan and/or schedule work for others on specific projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Plan and/or schedule work for others on a daily basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assign or delegate work to others on specific projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assign or delegate work to others on a daily basis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Monitor work of others on specific projects or on a daily basis (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Establish rules, procedures, and/or standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Approve overtime and/or leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evaluate performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Take corrective action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Resolve complaints and/or grievances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION 4: Physical Requirements, Working Environment & Hazards (ADA)

Please review the definitions and check box that indicates how often you perform each physical requirement listed.

Frequency: This factor considers the frequency in which the physical requirements are performed as part of the essential functions of the job.

- Rarely:** once or twice, or never
- Seldom:** quarterly to yearly basis
- Occasionally:** monthly/bi-monthly basis

- Frequently:** weekly basis
- A few times per day:** 1-4 times per day
- Several times per day:** 5+ times per day

4A: Physical Requirements/Frequency

Activity	Rarely	Seldom	Occasional	Frequently	Few Times/Day	Several Times/Day
CLIMBING: Ascends or descends ladders, stairs, scaffolding, ramps, poles, etc. using feet and legs and/or hands and arms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STOOPING: Bends body downward and forward by bending spine at waist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KNEELING: Bends legs at knee; comes to rest on a knee or knees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CROUCH: Bends body downward and forward by bending leg and spine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CRAWLING: Moves about on hands and knees or hands and feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REACHING: Extends hand(s) and arm(s) in any direction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STANDING: Stands for long periods of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WALKING: Moves about on feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SITTING: Sits for extended periods of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PUSHING: Uses upper extremities to press against something with steady force to thrust object forward, downward or outward	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PULLING: Uses upper extremities to exert force to draw, drag, haul or tug objects in a sustained motion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LIFTING: Raising objects from a lower to a higher position and moving objects horizontally from position-to-position. Please indicate amount of weight below: Up to 10 pounds <input type="checkbox"/> 11 to 25 pounds <input type="checkbox"/> 26 to 50 pounds <input type="checkbox"/> 51 to 75 pounds <input type="checkbox"/> 76 to 100 pounds <input type="checkbox"/> Over 100 pounds <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FINGER DEXTERITY: Picks, pinches, types, or otherwise primarily works with fingers rather than the whole hand or arm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Activity	Rarely	Seldom	Occasional	Frequently	Few Times/Day	Several Times/Day
GRASPING: Applies pressure to an object with the fingers and palm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FEELING: Perceives attributes of objects, such as size, shape, temperature, texture, by touching with skin, particularly that of fingertips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TALKING: Expresses or exchanges ideas by means of the spoken word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HEARING: Receives detailed information through oral communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SEEING: Ability to perceive the nature of objects by the eye as part of visual requirements performed as part of the essential job duties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BALANCING: Maintains body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces (Exceeds that needed for ordinary locomotion and maintenance of body equilibrium)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4B: Working Environment: What is the work environment or location in which you perform your duties? Please mark an "X" for the working conditions associated with this classification.

Primarily Office	<input type="checkbox"/>	Primarily Indoor	<input type="checkbox"/>	Primarily Outdoor	<input type="checkbox"/>
Indoor/Outdoor Split	<input type="checkbox"/>	Driving a Vehicle for Work	<input type="checkbox"/>	Adverse or Seasonal Weather	<input type="checkbox"/>
Constant Interruptions	<input type="checkbox"/>	Noise (Equipment Operation)	<input type="checkbox"/>	Fumes/Dust/Odors	<input type="checkbox"/>
Evening/Variable Hours	<input type="checkbox"/>	Remain On-Call	<input type="checkbox"/>		
Other/Comments:					

4C: Hazards: Please list hazardous or unpleasant working conditions in your job

Hazards	Conditions under which hazard exists	Frequency
Chemicals		

Working around and with machinery having moving parts		
Working at heights		
Dissatisfied or hostile individuals		
Extreme weather conditions		
Blood/Bodily Fluids		
Other		

SECTION 5: EMPLOYEE STATEMENT

EMPLOYEE'S STATEMENT

If there are other aspects of your job not covered in this questionnaire that are important in understanding your job content, please describe below. You may also attach additional information or pages if needed. This includes any previous PDQs or job-related documents.

- By checking this box, I confirm that I consent to participating in the interview/focus group process if requested.
- By checking this box, I certify that I am the individual named below who has completed this questionnaire.

Printed Name:

Date:

**Please send to your immediate Supervisor
and HR (kzaragoza@sbccd.cc.ca.us) by Tuesday, April 2, 2019.**

Thank you for your participation!

SECTION 6: SUPERVISOR STATEMENT

IMMEDIATE SUPERVISOR STATEMENT

Please review this employee’s questionnaire carefully to ensure and validate the accuracy of the information by completing this form.

Do not fill in these items unless you supervise the employee directly. Your certification below means that you accept responsibility for the accuracy and completeness of the entire questionnaire which describes the duties and responsibilities of the job.

If the Employee’s Statement does not match the duties, responsibilities and other requirements that you have assigned the employee, please clarify or elaborate below.

There are two essential cautions you should observe:

- **Under no circumstances** should the employee’s entries in the Employee’s Statement section be altered.
- Do not make any statements or comments about the employee’s work performance, competence, or qualifications. This questionnaire will be used to evaluate the duties that constitute the **position**, not the performance or qualifications of the **employee**.

6A: PDQ validation

1. Do the **job duties** accurately reflect the general responsibilities and work performed by this classification? If not, please clarify.

2. Do you agree with the **knowledge/abilities** and the ratings provided by the employee? If not, please clarify.

3. Do you agree with the **equipment used that is described by the employee**? If not, please clarify.

4. Do you agree with the **supervision given/received** as described by the employee? If not, please clarify.

5. Is there any additional information that should be considered in evaluating the appropriate classification for this position?

6B: MINIMUM QUALIFICATIONS

Education

Check the education that is minimally required to perform the job:

- | | |
|--|--|
| <input type="checkbox"/> Less than High School | <input type="checkbox"/> Bachelor's Degree (Undergraduate) |
| <input type="checkbox"/> High School Diploma or Equivalent (GED) | <input type="checkbox"/> Graduate Degree |
| <input type="checkbox"/> Technical School | <input type="checkbox"/> Other Degree |
| <input type="checkbox"/> Associate Degree | |

Describe any specific education required to perform the job. (For example, what type of background would you expect a successful job applicant to have?)

Experience

Check the minimum number of years of experience that is needed to proficiently perform the job:

- | | | |
|---|---|---|
| <input type="checkbox"/> No experience needed | <input type="checkbox"/> 6 months or less | <input type="checkbox"/> 1 year |
| <input type="checkbox"/> 2-4 years | <input type="checkbox"/> 5 years + | <input type="checkbox"/> Other (enter length of time and specify months/year) _____ |

Describe any specific work experience required to perform the job. Also, list any desirable experience. (For example, what type of background would you expect a successful job applicant to have?)

Licenses & Certifications

3. Does the job require a Driver’s License? YES NO If yes, specify type: _____

4. Please list any other licenses or certificates required by law or your employer to perform your job.

#	License or Certificate	Required by:	
		Law	Employer
1		<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>

Knowledge & Abilities

1. Please check the appropriate boxes for 1A: Duties (needed at entry) on pages (2-3).
2. Please check the appropriate boxes for 2A: Knowledge and 2B Abilities (needed at entry) on page (5).

By checking this box, I certify that I supervise the employee who has completed this questionnaire.

Printed Name:

Classification Title:

Signature:

Date:

Supervisor-Please return completed PDQ to SBCC Human Resources Department Att: Karla Zaragoza at kzaragoza@sbccd.cc.ca.us by Tuesday, April 9, 2019.

Thank you for your participation!