

# Idaho State University Position Description Questionnaire (PDQ)

*The purpose of this form is to collect specific information from the employee and supervisor about the duties and responsibilities assigned to the position. Please take the time to complete the questionnaire as completely and accurately as possible. Thoroughness in providing the information is essential in assuring the proper classification and salary is established. Consider the normal day-to-day responsibilities and base responses on duties and responsibilities that are usually part of the job under typical conditions, not special projects or temporary assignments. The percentages provided do not need to be exact but should reflect the more time consuming parts of the job on an annual basis. Describe the position as it actually is today not as it might be in the future.*

**Please indicate the most appropriate reason for this request:**

Career progression based on job growth, decision making, supervision, etc.

New position

Reclassification request for vacant position

POSITION INFORMATION	
Employee Name	Department/College
Current Job Classification	Proposed Job Classification
Current Pay Rate	PCN #
Provide the account from which the increase will be funded	
List the type and amount of salary adjustments the employee has received within the last two years	
I confirm this information is accurate and in the best interest of the department/college.	
Supervisor name	Signature:
Telephone #	

SIGNATURE APPROVALS FOR REVIEW	
Chair, Director, Department Head	Date
Dean or other departmental reviewers, as appropriate	Date
<b>Upon completion, please forward to Human Resources, Box 8107</b>	

**EMPLOYEE COMPLETES QUESTIONS 1 - 5**

**1. Job Description**

Attach a working job description based on the primary responsibilities and major functions of the position, and indicate the percentage of time spent annually performing these duties and the essential functions of the position. A major function is a primary reason for the position's existence and may be a group of related activities that allow the incumbent to accomplish objectives. Under each major function, list several tasks that are conducted in support of the function. For compliance with the Americans with Disabilities Act (ADA) indicate whether the tasks or essential or non-essential to the job.

**Example:**

Major function: Provides clerical support to Department Chair and faculty members  
 Tasks: Schedules appointments – Essential  
 Answers phones and directs visitors – Essential  
 Takes minutes at staff meetings – Non-essential

**2. Why and how has this position changed since the last classification? If new duties have been added or transferred from an existing position, indicate the position that had previously been performing the duties.**

**3. Supervision:**

Indicate the degree of supervision for other employees. Consider the degree to which it is responsible for directing, instructing and reviewing the work of others.

- No responsibility for supervising others.
- Involves training and directing the work of student employees.
- Involves occasional training and directing the work of non-student employees. Supervision is sporadic and occurs from time-to-time.
- Involves direct supervision, hiring, and evaluating the work of regular employees as a first-line supervisor.

<b>Position Supervised</b>	<b>Number of Incumbents</b>	<b>Permanent/Temporary/Student Employee</b>	<b>Hours per Week</b>

**4. Who do you regularly communicate with in order to perform your duties? What do you typically communicate about?**

**5. What type of decisions or recommendations is this position authorized to make? What types of decisions would you refer to your supervisor? What actions does this position have the authority to approve or deny?**

**SUPERVISOR SECTION**

**6. As a supervisor, it is important to review the information your employee provided and indicate any additional information that is important to this request.**

**7. Does the employee meet the minimum qualifications of the requested position?**

**8. Attach a current organizational chart and any other relevant documentation that may assist with the review process.**

**APPROVALS FOR IMPLEMENTATION**

Human Resources	Date
Vice-President or President, as appropriate	Date