



Position Description Questionnaire (PDQ)

*This form will collect specific information from the management team about the duties and responsibilities assigned to a position for use in determining the most appropriate job classification. 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 in your own words the position as it actually is today not as it might be in the future.** The immediate supervisor should complete this form and then forward it for the review and consideration of the respective management team and UBO prior to final review by HR. **If State specifications are copied into this form, without specific ISU job information included, the request will be returned for additional information.***

Please indicate the most appropriate reason for this request:

- Job enrichment for incumbent based on job growth, additional responsibility, supervision, etc.
- Reclassification request for vacant position – Date Position Vacated: _____

POSITION INFORMATION								
Employee Name if applicable:				Department/College:				
Current Job Classification:				Proposed Job Classification:				
Current Pay Rate if applicable:				PCN:				
I confirm this document has been completed accurately and a <i>potential</i> reclassification is in the best business interest of the department/college, pending HR review of duties and responsibilities.								
Supervisor name:				Signature:				
Telephone:								
Source of Additional Funding Needed (for Account Director/UBO Review/Completion – n/a for Classified Positions on appropriate Funds)								
Index	Reg Sal Amt	Reg Sal PCN	Irreg Sal	Fringe	Insurance	Travel	Operating	Total
Comments:								

SIGNATURE APPROVALS REQUESTING HR REVIEW	
I confirm this document has been completed accurately and a <i>potential</i> reclassification is in the best business interest of the department/college, pending HR review of duties and responsibilities.	
Chair or Department Head Name:	Signature/Date:
University Business Officer Name:	Signature/Date:
Dean/AVP/Director Name:	Signature/Date:
Vice President/Senior Executive Name:	Signature/Date:
Upon completion, please forward to Human Resources, Mail Stop 8107, or hr@isu.edu	
HR APPROVALS FOR IMPLEMENTATION – FOR HR/BUDGET USE ONLY	
Approved Classification/Title:	Approved Pay Grade/Salary:
FLSA Designation:	Desk Review Date:
HR Approval Signature:	Date

PLEASE COMPLETE ALL SECTIONS AS ACCURATELY AND CONCISELY AS POSSIBLE. ATTACH ADDITIONAL SHEETS IF NECESSARY

1. Position Purpose: In a few sentences, briefly describe the primary function and purpose of the position. Why does the position exist?

2. Principal Position Responsibilities/Duties: List the major duties/responsibilities of the position, starting with the most important for which the position is responsible. Include the estimated percentage of time spent on performing the duty annually. Indicate whether each duty is an essential function of the position, (core to the position purpose), and whether the duty is a new assignment since the last position review.

	Duties/Responsibilities (attach additional sheet if necessary)	% of Time Spent	Essential Function Y/N	New Duty or Change Y/N
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

3. Describe Why the Position Has Changed: If new duties/responsibilities above have been assigned to the position since the last review, why and how was it determined to make the assignment to this position? How were the duties performed prior to this change?

4. 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.

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

5. Communications: Who does the position regularly communicate with in order to perform their duties? What do they typically communicate about?

6. Decision Making Authority: What type of decisions or recommendations is this position authorized to make? What types of decisions would need to be referred to the supervisor? What actions does this position have the authority to approve or deny?

7. Job Complexity: What is the most time-consuming responsibility for this position? What is the most complex responsibility? Please describe below.

8. Program Knowledge: What type of specific department or program knowledge does this position need to have in order to complete the duties and responsibilities of the position? For example, does the position require knowledge of departmental faculty and staff to route mail or take messages, or does the position require an in-depth knowledge of academic prerequisites or affiliation agreements to complete assignments? Provide specific examples.

9. Knowledge/Training/Education: Has the incumbent received any specialized training, certifications, or education that has prepared them to take on a higher level of work or more responsibility and/or accountability? Please note: education/certifications alone will not justify position reclassification.

10. Office Equipment/Software: Is there any office equipment; programs or software that the incumbent is now required to use that demands a higher level of knowledge, skills, and abilities?

11. Organizational Chart: Attach a current organizational chart for the department and any other relevant documentation that may assist with the review process.

12. Other Details for Consideration: Please provide any additional comments or details for consideration of the management team and HR in consideration of this reclassification request. Attach additional sheets as needed in response to any of the items in this questionnaire.