

## INSTRUCTIONS FOR THE POSITION DESCRIPTION QUESTIONNAIRE

NAME: \_\_\_\_\_

The purpose of this questionnaire is to provide a complete description of your current assigned duties. Should you be promoted, transferred, etc., this questionnaire should describe the work your replacement would be expected to perform.

This questionnaire is NOT a statement of your personal qualifications, NOT a measure of your individual competency, NOT concerned with amount or quality of your work, and NOT used for determining the number of positions needed.

In answering the questions, please be accurate and thorough. Also:

- Read all of the questions and instructions before beginning.
- If possible, allow more than one session for completing this. You may wish to respond to some questions first, then put it aside and return to it later.
- Do not use terms or abbreviations without writing out what they stand for (e.g., FMLA = Family Medical Leave Act).
- If you need more space to answer any of the questions, submit a Microsoft Word document as necessary and label it with your name.
- If a question does not apply to your job, please write "N/A" in the blank space.

When you have completed the questionnaire, turn it in to your immediate supervisor.

Special notes for the following two questions:

Question 2.6: This question does not refer to an annual performance appraisal. Rather, think in terms of how frequently you discuss assignments with your supervisor, how errors might be discovered, when and how frequently your day-to-day work is read over or otherwise reviewed, and related mechanisms by which guidance is given.

Question 7: Refer to the examples of duty statements below to help you in describing your own job:

### Unclear Duty Statements

### Clearer Duty Statements

Handle correspondence.

Receive, open, time stamp, sort, and route incoming mail.

Counsel clients.

Explain program eligibility standards and procedures to clients and assist them in completing forms.

Maintain grounds and landscaped areas.

Mow lawns with hand and power mowers. Rake and weed flowerbeds. Prune bushes. Trim trees from ladder or bucket truck, using hand and power saws.

**SUPERVISORY POSITIONS:** If you supervise other employees, and are completing this questionnaire regarding your own job, please attach an organization chart showing the positions that report to you.

**POSITION DESCRIPTION QUESTIONNAIRE  
COUNTY OF IMPERIAL**

|               |                      |                       |  |
|---------------|----------------------|-----------------------|--|
| Name:         |                      | Class Title:          |  |
| Department:   |                      | Division:             |  |
| Work Address: |                      |                       |  |
| Work Phone:   |                      | E-mail Address:       |  |
| Work Shift:   | Time in Current Job: | Time with the Agency: |  |

Each employee will have the opportunity to be interviewed by Koff & Associates. Employees in a classification with only one position will be interviewed by the consultant. Please select one of the following options:

- I am interested in participating in a group interview for my classification.
- I am interested in participating in an individual interview.
- I do not request an interview. Please note if you check this box, the consultant may still elect to interview you.

The individual interviews will be no more than 30 minutes; group interviews will be no more than 45 minutes.

**1.0 PURPOSE:** Briefly summarize the overall purpose of your position:

**2.0 ORGANIZATIONAL CONTEXT: SUPERVISION RECEIVED**

**2.1** I report to: \_\_\_\_\_  
*(Name of immediate supervisor)*

\_\_\_\_\_

*(Title of immediate supervisor)*

\_\_\_\_\_

*(E-mail Address of immediate supervisor)*

Others who report to the same supervisor:

| Job Title | Name |
|-----------|------|
|           |      |
|           |      |
|           |      |
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|           |      |
|           |      |
|           |      |

**2.2** How are your work priorities set (by you, by your supervisor, standard procedures, etc.)?

**2.3** Describe the work decisions that you make on your own:

**2.4** Which decisions do you refer to your supervisor, or to other departments within the organization?

**2.5** What types of guidance are used to aid you in the performance of your duties (desk manuals, departmental procedures, established practices, regulations, etc.)?

**2.6** How frequently do you meet with your supervisor to receive work direction and/or to have your work checked (daily, weekly, monthly, rarely, as needed, etc.)?

**3.0 ORGANIZATIONAL CONTEXT: SUPERVISION EXERCISED**

**3.1** Does your position supervise other employees? (If no, skip the remainder of Section 3.)

Yes  No

**3.2** Name and title of employees that you directly supervise:

| Job Title | Name |
|-----------|------|
|           |      |
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**3.3** What type/level of supervision do you exercise? Check all which apply:

| Approve                  | Recommend                |                                 |
|--------------------------|--------------------------|---------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Plan work of others             |
| <input type="checkbox"/> | <input type="checkbox"/> | Distribute work to others       |
| <input type="checkbox"/> | <input type="checkbox"/> | Check work of others            |
| <input type="checkbox"/> | <input type="checkbox"/> | Approve work of others          |
| <input type="checkbox"/> | <input type="checkbox"/> | Train employees                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Evaluate performance            |
| <input type="checkbox"/> | <input type="checkbox"/> | Establish unit policy/procedure |
| <input type="checkbox"/> | <input type="checkbox"/> | Other - Please list:            |

| Approve                  | Recommend                |                       |
|--------------------------|--------------------------|-----------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Hire new employees    |
| <input type="checkbox"/> | <input type="checkbox"/> | Terminate employees   |
| <input type="checkbox"/> | <input type="checkbox"/> | Promote employees     |
| <input type="checkbox"/> | <input type="checkbox"/> | Demote employees      |
| <input type="checkbox"/> | <input type="checkbox"/> | Discipline employees  |
| <input type="checkbox"/> | <input type="checkbox"/> | Approve leave         |
| <input type="checkbox"/> | <input type="checkbox"/> | Approve pay increases |
| <input type="checkbox"/> | <input type="checkbox"/> | Other - Please list:  |

**4.0 EQUIPMENT:** List any machines, equipment, or vehicles you regularly operate in the course of work (e.g., office equipment such as computer, copy machine, etc.; hand and/or power tools; vehicles such as trucks, fork lifts, cars, etc.; heavy equipment such as loader, cranes, bulldozers, crane lifts, etc.)

| Type of Machinery/Equipment | Purpose for Which You Use It | What You do With It |
|-----------------------------|------------------------------|---------------------|
|                             |                              |                     |
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**5.0 CONTACTS:** Other than your supervisor and coworkers, with whom, inside and outside of the agency, do you have contact in the course of your work, and how frequently? (*D=daily, W=weekly, M=monthly, I=infrequently: several times a year or less*)

| Title | Regarding | Frequency |
|-------|-----------|-----------|
|       |           |           |
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**6.0 BUDGET:** Total dollar amount of budget under your control: \_\_\_\_\_

**6.1** Describe your responsibility for budget expenditures and control over revenue generation or cost savings:

**7.0 DESCRIPTION OF YOUR WORK/DUTIES:** Describe on the following page(s) the work that you perform, starting with your most important duties. (See examples on the following page) – Please focus on the most essential functions of your job and note that most class descriptions consist of 12-15 duty statements.

- First number your duties in the # column.
- In the **DUTIES** column, describe the tasks you perform beginning each statement with an action verb.
- In the **TIME** column, indicate what percentage of your overall work time you spend performing each duty. If percentages are too difficult, use hours per day, week, or month; or, for seasonal duties, show number of days or weeks per year.
- In the **FREQ** column, indicate how frequently the task occurs using the following codes:

*SD=several times daily*

*D=daily*

*W=weekly*

*M=monthly*

*I=infrequently: several times a year or less.*

- In the **IMP** column, identify how important the duty is to your overall job effectiveness, using the following codes:

*H = High: if this duty were removed from my job, it would have a significant impact on the nature of my job.*

*M = Medium: if this duty were removed from my job, it would have an impact but it would not change the nature of my job significantly.*

*L = Low: if this duty were removed from my job, it would not have much impact.*

| #      | DUTIES   | TIME<br>(Needs to add up to 100%) | FREQ | IMP |
|--------|--|-----------------------------------|------|-----|
| E.g. 1 | I schedule and coordinate meetings, seminars, conferences, and training sessions for department staff; act as meeting and/or committee secretary including preparing agendas and informational packets, setting up meeting rooms, and taking and transcribing minutes for assigned boards and commissions. | 15%                               | SD   | H   |
| E.g. 2 | I monitor and control the operation of water distribution systems including chemical feeding equipment and utilizing the telemetry system, filtration equipment, reservoirs, and/or storage tanks.   | 25%                               | SD   | H   |
| E.g. 3 | I write or review mitigation contract documents [plans and specifications] for site preparation, clearing and grubbing, earthwork, plant installation, erosion control, maintenance and short-term monitoring.   | 30%                               | W    | M   |

| # | DUTIES | TIME<br>(Needs to<br>add up to<br>100%) | FREQ | IMP |
|---|--------|---|------|-----|
|   |        |   |      |     |
|   |        |   |      |     |
|   |        |   |      |     |

| # | DUTIES | TIME<br>(Needs to<br>add up to<br>100%) | FREQ | IMP |
|---|--------|---|------|-----|
|   |        |   |      |     |
|   |        |   |      |     |
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| # | DUTIES | TIME<br>(Needs to<br>add up to<br>100%) | FREQ | IMP |
|---|--------|---|------|-----|
|   |        |   |      |     |
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|   |        |   |      |     |



| # | DUTIES | TIME<br>(Needs to<br>add up to<br>100%) | FREQ | IMP |
|---|--------|---|------|-----|
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| # | DUTIES | TIME<br>(Needs to<br>add up to<br>100%) | FREQ | IMP |
|---|--------|---|------|-----|
|   |        |   |      |     |
|   |        |   |      |     |
|   |        |   |      |     |

| # | DUTIES | TIME<br>(Needs to<br>add up to<br>100%) | FREQ | IMP |
|---|--------|---|------|-----|
|   |        |   |      |     |
|   |        |   |      |     |
|   |        |   |      |     |



| # | DUTIES | TIME<br>(Needs to<br>add up to<br>100%) | FREQ | IMP |
|---|--------|---|------|-----|
|   |        |   |      |     |
|   |        |   |      |     |

**8.0 Which of your duties do you consider most complex or difficult, and why?**

**9.0 If your position responsibilities have changed significantly in the past two years, please explain how:**

**10.0 SENSORY DEMANDS:** Indicate which sensory abilities are required in the performance of your job, and in the **FREQ** column, show how often you use the sensory ability in the course of your work. Use these codes:

**SD**=several times daily; **D**=daily; **W**=weekly; **M**=monthly; **I**=infrequently: (several times a year or less)

| Required (Yes / No) | Sensory Demand           | FREQ |
|---------------------|--------------------------|------|
|                     | SIGHT in order to        |      |
|                     | COLOR VISION in order to |      |
|                     | HEARING in order to      |      |
|                     | SMELL in order to        |      |
|                     | SPEECH in order to       |      |
|                     | TOUCH in order to        |      |

**11.0 PHYSICAL DEMANDS:** Indicate which physical abilities are required in the performance of your job, and in the **FREQ** column, show how often you perform the physical activity in the course of your work. Use these codes:

**SD**=several times daily; **D**=daily; **W**=weekly; **M**=monthly; **I**=infrequently (several times a year or less)

| Required (Yes / No) | Physical Demands     | FREQ |
|---------------------|----------------------|------|
|                     | SITTING in order to  |      |
|                     | STANDING in order to |      |

| Required<br>(Yes / No) | Physical Demands   | FREQ                              |
|------------------------|--|-----------------------------------|
|                        | WALKING in order to  |                                   |
|                        | RUNNING in order to  |                                   |
|                        | CLIMBING in order to   |                                   |
|                        | BENDING in order to  |                                   |
|                        | STOOPING in order to   |                                   |
|                        | KNEELING in order to   |                                   |
|                        | HAND/FINGER MOVEMENT:<br>GRASPING in order to<br><br>FINE MANIPULATION in order to                           | Grasping<br><br>Fine Manipulation |
|                        | LIFTING in order to<br><br>Max # lbs: _____  |                                   |
|                        | CARRYING in order to<br><br>Avg # lbs: _____ Max # lbs: _____<br><br>Avg dist: _____ ft. Max dist: _____ ft. |                                   |

| Required<br>(Yes / No) | Physical Demands  | FREQ |
|------------------------|---|------|
|                        | PUSHING in order to<br><br>Avg # lbs: _____ Max # lbs: _____<br><br>Avg dist: _____ ft. Max dist: _____ ft. |      |
|                        | UNUSUAL FATIGUE FACTORS (e.g., wearing heavy protective clothing)   |      |
|                        | OTHER physical demands (list and explain):  |      |

**12.0 ENVIRONMENTAL CONDITIONS:** Indicate which conditions are required in the performance of your job, and in the **FREQ** column, show how often you work in the environmental condition. Use these codes:

**SD**=several times daily; **D**=daily; **W**=weekly; **M**=monthly; **I**=infrequently (several times a year or less)

| Required<br>(Yes / No) | Environmental Condition           | FREQ |
|------------------------|-----------------------------------|------|
|                        | Typical office conditions:        |      |
|                        | Work outdoors:                    |      |
|                        | Exposure to extreme temperatures: |      |

| Required<br>(Yes / No) | Environmental Condition                            | FREQ |
|------------------------|--|------|
|                        | Exposure to extreme weather conditions:            |      |
|                        | Exposure to toxic/poisonous substances:            |      |
|                        | Exposure to biologic/infectious agents:            |      |
|                        | Exposure to dust, fumes, and/or allergens:         |      |
|                        | Exposure to excessive noise:                       |      |
|                        | Exposure to unpleasant odors:                      |      |
|                        | Exposure to vermin, insects, parasites etc.:       |      |
|                        | Work near hazardous/moving equipment or machinery: |      |

| Required<br>(Yes / No) | Environmental Condition   | FREQ |
|------------------------|---|------|
|                        | Work at heights:  |      |
|                        | Work in a confining space (e.g. storage tank/vat, sewer, manhole, tunnel, pipeline, pit, duct, well, vault, trench) please list if applicable:<br><br>If you work in a confining space, do you receive special training/certification to perform confined space entry? <input type="checkbox"/> Yes <input type="checkbox"/> No |      |
|                        | Use protective clothing, equipment, devices, materials:   |      |
|                        | Work with hostile, violent and/or offensive individuals:  |      |
|                        | Other environmental conditions (list and explain):  |      |

### 13.0 EDUCATION

13.1 What level of education do you have and what minimum level of education do you believe is needed to satisfactorily perform your job at the time of hire? Mark the level that applies to your job:

| You Have                 | Minimum Required         | Required (Yes/No)  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions) |
| <input type="checkbox"/> | <input type="checkbox"/> | High School Diploma or equivalent (G.E.D.)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Up to one year of specialized or technical training beyond high school                               |
| <input type="checkbox"/> | <input type="checkbox"/> | Associate degree or two-year technical certificate - Type:   |
| <input type="checkbox"/> | <input type="checkbox"/> | Bachelor's degree - Type:  |
| <input type="checkbox"/> | <input type="checkbox"/> | Master's degree - Type:  |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (explain):   |

13.2 What is the minimum years of experience that you believe is needed to satisfactorily perform your job at the time of hire? \_\_\_\_\_

13.3 List below the licenses, professional or technical certificates you currently hold and check the corresponding box if it is a minimum requirement of the position.

| Certificate – Licenses | You Have                 | Minimum Required         |
|------------------------|--------------------------|--------------------------|
|                        | <input type="checkbox"/> | <input type="checkbox"/> |
|                        | <input type="checkbox"/> | <input type="checkbox"/> |
|                        | <input type="checkbox"/> | <input type="checkbox"/> |
|                        | <input type="checkbox"/> | <input type="checkbox"/> |

| Certificate – Licenses | You Have                 | Minimum Required         |
|------------------------|--------------------------|--------------------------|
|                        | <input type="checkbox"/> | <input type="checkbox"/> |
|                        | <input type="checkbox"/> | <input type="checkbox"/> |
|                        | <input type="checkbox"/> | <input type="checkbox"/> |
|                        | <input type="checkbox"/> | <input type="checkbox"/> |

#### 14.0 OTHER JOB QUALIFICATIONS

14.1 List the types of **KNOWLEDGE (K)** and **ABILITIES (A)** needed to start on this job:

| # | Knowledge & Abilities  |
|---|--|
| K | Example: When listing laws, please specify its name such as National Environmental Policy Act (NEPA) or California Environmental Quality Act (CEQA).<br><br>DO NOT state, “pertinent federal, state, and local laws” |
| K | Example: Administrative principles and practices, including goal setting, program development, implementation, and evaluation, and supervision of staff.   |
| A | Example: Develop and recommend environmental mitigation for projects.  |
| A | Example: Conduct complex civil engineering research projects, evaluate alternatives, make sound recommendations, and prepare effective technical reports.  |
|   |  |
|   |  |



| # | Knowledge & Abilities |
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| # | Knowledge & Abilities |
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| # | Knowledge & Abilities |
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| # | Knowledge & Abilities |
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**15.0 STUDY EXPECTATIONS:** What are your expectations from this study?

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

**IMMEDIATE SUPERVISOR'S COMMENTS**

Instructions: Review the employee's questionnaire carefully to see that it is accurate and complete. Do not change or alter the employee's statements or entries in the questionnaire. If you feel that the employee's description is not accurate, use the spaces provided below to clarify or elaborate on the description. Do not make any statements or comments about the employee's work performance or competence.

How long have you supervised this employee? \_\_\_\_\_

Which of the employee's duties do you consider most important or difficult?

If you had to replace the employee, what qualifications would be most important to you? What would the minimum educational and experience requirements be?

Do you agree with the employee's description of their work job and its requirements? \_\_\_\_\_

Use this space to add information or clarification to the employee's questionnaire.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Print name and title: \_\_\_\_\_

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**DEPARTMENT MANAGER'S COMMENTS**

Which of the employee's duties do you consider most important or difficult?

Use this space to add information or clarification to the questionnaire, or other pertinent information.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Print name and title: \_\_\_\_\_