

EXPEDITED POSITION DESCRIPTION QUESTIONNAIRE

Department of _____

Employee participation in the completion of this document is encouraged; however, the appointing authority and supervisor are responsible for the accuracy and adequacy of this form. Focus on the **position**, not the individual.

Division/Work Unit _____	Position # _____
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1. Use clear, concise sentences to list the PRIMARY, ONGOING duties performed by the position. Give the percent of time; total is no more than 100%.

Essential Function	% of Time	Duties: Do not list temporary, occasional, or "in absence of" duties.
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2. Decision Making. Describe the typical, highest level decisions made by the position on an ongoing basis that do not require supervisory approval and control how the work is performed or carried out.

3. Complexity. Describe the typical problems resolved by the position on an ongoing basis that show alternatives and how they are selected.

4. Purpose of Contact. Describe the purpose of contacts, outside supervisory contacts, the position has on an ongoing basis. Address the nature of contact, not who is contacted.

5. Line/Staff Authority. Check the statement that best describes the supervision exercised by the position.

- No supervisory responsibility; responsible for own work, training and resource to others.
- Directs and guides, assigns and monitors others' work in a unit with at least 2 FTE subordinates.
- Is accountable for pay, status, tenure over at least 3 FTE subordinates.
- Second level supervisor with at least 2 subordinate supervisors.

6. Attach a current organizational chart for the division that includes class titles, position numbers, and FTE.

7. What do you think is the proper class for this position and why?

I certify that this document is accurate. I understand that it will be used as the official PDQ.

Employee Signature

Date

Employee Name -- Print

As the supervisor of this position, I understand that I am responsible for the accuracy of this document and that it will be used as the official PDQ. I certify that this document is accurate.

Supervisor Signature

Date

Supervisor Name -- Print

TO BE COMPLETED BY APPOINTING AUTHORITY

8. Some positions function as a staff authority. Such a position is assigned and acknowledged by top management as a technical consultant to them, or outside management, when making broad, critical program/policy decisions or changes. Is this position delegated such authority?

No (Skip to the next question)

Yes. Please specify what makes this position a staff authority and the breadth of management influence.

9. Special Entry Requirements. All positions have established entry requirements for their class; however, some positions require special qualifications. A special qualification must be met from the first day on the job and cannot be obtained through training during probationary/trial service. Does this position require special qualifications?

No (Skip to the next question)

Yes. Please describe the special qualification: job-related formal courses, legal requirements, experience or skills, and unusual travel demands. Also explain why this special qualification **cannot** be obtained through training during probationary/trial service.

10. Drug Free Workplace. Under the Drug Free Workplace Act of 1988 and the Colorado State Employee Substance Abuse Policy, is the position safety related? Such positions may be subject to drug testing.

No (Skip to the next question)

Yes.

11. Additional Requirements.

- ☒ Pass Pre-placement Physical -- special physical requirements: _____
- ☒ Colorado Driver's license: ___ Regular ___ Commercial -- endorsements: _____
- ☒ Essential Services Designation (required to be on duty without delay and/or interruption.)
- ☒ Background Check Required
- ☒ Shift Work Required -- explain: _____
- ☒ On-call Status Required -- explain: _____
- ☒ Other -- explain: _____

Note: The information in questions 9 through 11 must be verified by your agency human resources office before it is accepted as official.

As the appointing authority, I understand that I am responsible for the accuracy of this document and that it will be used as the official PDQ. I certify that this document is accurate.

Appointing Authority Signature

Date

Appointing Authority - Print

9/15/97