

**POSITION DESCRIPTION QUESTIONNAIRE**

<b>NAME :</b>		<b>JOB TITLE:</b>	
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<b>DEPARTMENT:</b>		<b>DATE:</b>	
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<b>PHONE NUMBER:</b>	
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<b>POSITION CONTROL NUMBER (PCN):</b>	<b>POSITION TYPE:</b>	<b>FULL-TIME</b> <input type="checkbox"/>
		<b>PART-TIME</b> <input type="checkbox"/>

<b>IMMEDIATE SUPERVISOR</b>	<b>NAME:</b>	
	<b>TITLE:</b>	

**WHY STATEMENT:** In one sentence, describe *why* your job exists and how it serves Chesterfield County's overall mission.

<i>My job exists to...</i>
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**1. MAJOR FUNCTION:** Briefly state your job's overall purpose in one or two sentences highlighting the general function or duty for which your position is responsible.

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**2. SPECIFIC DUTIES:** Starting with the most important, list all the duties you perform. Be specific. State the frequency (i.e., daily, weekly, occasionally) and the approximate percent of time spent. **Indicate in the last column if the duty is an "essential function" of the position.** Consult Human Resources for the definition of essential function.

Duties	Frequency	% of Time	Essential Function



**3. FINANCIAL MEASURES:** Indicate financial data related to areas primarily affected by your job (state all figures on an annual basis), e.g., total base payroll of staff supervised, budget, capital expenditures, accounts payable or receivable, volume of transactions, etc.

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**4. REPORT PREPARATION:** Describe the nature, use, and frequency of reports you prepare.

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**5. EQUIPMENT OPERATION:**

List equipment you must operate as part of your job and the percentage of your total working time spent on each.

6. **CONTACTS:** List the name and title of persons in other departments and outside the organization you are required to contact and/or work with. **Specify frequency and purpose.**

7. **WORK DIRECTION:** If you have responsibility for providing work direction to others, including distributing and reviewing work, then list by name and title and provide a short description of the work they perform.

8. **SUPERVISION:** In addition to work direction, do you have responsibility for selection of personnel, appraisal of performance, and disciplinary actions? Yes  No   
Please describe and specify by name and title. Indicate whether each employee is full or part-time.

9. **EDUCATION, TRAINING AND EXPERIENCE REQUIRED:** What is the minimum level of formal education and prior experience required to do your job?

10. **KNOWLEDGE, SKILLS, ABILITY:** What knowledge, skills and abilities are necessary to perform your job at a proficient level?

11. **JOB COMPLEXITY:** Describe the scope and complexity of your position (i.e., tasks are straight forward and recurring; position requires some analysis and the ability to interpret data and make recommendations; or position requires continual analysis and interpretation with the ability to plan, develop and implement various projects).

12. **OVERALL IMPACT:** Describe your job’s impact on the entire County relative to other jobs. Consider your specific management, administrative, and professional responsibilities (i.e., minimal impact on the County’s resources and services both internally and externally; moderate impact; or major impact through individual actions or decisions involving significant changes in policy, programs, new services, asset/liability management, etc.).

13. **DECISION-MAKING:** Describe the level of decision-making required of your position. Consider the extent and closeness of supervision received (i.e., work tasks are carried out according to specific guidelines or procedures and most decisions on non-routine matters are subject to supervisory approval; general instructions are provided, and only unusual situations are directed to the supervisor; or work requires sole decision-making in unprecedented situations).

14. **SAFETY:** Describe the level of risk to physical health and safety associated with your position (i.e., little or no risk; moderate risk; or significant risk). Please specify the type of risk (e.g. toxic material, assault and battery, communicable disease, etc.).

15. **PHYSICAL/SENSORY DEMANDS:** Describe the physical and/or sensory demands normally required by your position (i.e., no special physical/sensory demands; moderate physical/sensory demands;

significant physical/sensory demands). *Physical demands are characterized by activities such as sitting or standing in one position without choice or variety. Sensory demands are characterized by activities such as viewing of a computer screen and/or using hands or fingers in activities requiring fine coordination or dexterity.*

**16. SERIOUSNESS OF ERROR:** Describe the opportunity for making errors, the degree to which work is checked and the probable effects of errors on the organization for your position (i.e., errors are readily detected, and cost of correction is negligible; errors are confined to a single department, are not always detected, and considerable time and money may be involved to make corrections; or errors cause inaccuracies in reports or records pertaining to numerous departments and have significant internal/external implications).

**17. ADDITIONAL INFORMATION:** List any information not included in your previous answers that would help someone to understand your job better.

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

**SUPERVISOR'S SECTION**

1. What do you consider the most important duties and responsibilities of this position?

2. What do you consider to be the minimum training and experience required to perform this job at a proficient level?

3. What skills do you consider to be most critical for this position?

4. Indicate any additions or corrections you would make to the employee's statements.

\_\_\_\_\_  
**SUPERVISOR'S SIGNATURE**

\_\_\_\_\_  
**DATE**

**IMPORTANT: Significant differences between the supervisor's view of the position and the employee's view should be discussed and resolved prior to submittal of the questionnaire.**