

Classification/Job Title

POSITION DESCRIPTION QUESTIONNAIRE Request for Reclassification - (Nonexempt Employees)

CASE #	

Complete the **Position Description Questionnaire (PDQ)** for Nonexempt Employees as carefully and thoroughly as possible. Describe your position as it is right now. Any questions which arise should be discussed with your immediate supervisor and/or appropriate administrator. In addition, have your completed questionnaire reviewed and signed by your immediate supervisor and/or appropriate administrator.

You will also need to provide a **proposed job description*** as well as a current and proposed organizational chart and submit to the Classification desk at classification@fhda.edu along with the completed PDQ.

*Proposed job description: If reclassifying an existing position, the proposed job description needs to be submitted in a Words document with track changes enabled.

Classification/Job Title/Pay	Grade Requested	
Name of Supervisor/Approp	riate Administrator	
Department/Section Name		
Employee Signature		Date
Why does your job exist?	Write a one-sentence statement how it achieves your departme	pose of your job and

Specific Duties?	List the primary duties which make up your regular activities.
-	(e.g., File all correspondence and forms daily for manager).

List your major job duties in descending order of importance. The total of % time should equal 100%.

% of Time:	Duties:	Frequency:
1.		
2.		
3.		
4.		
5.		
6.		
0.		
7.		
0		
8.		
9.		
10		
10.		

Working Relationships:	Describe the routine contacts you need to have with others within or
	outside the organization.

Inside Contacts	Reason For Contact	Frequency of Contact
Outside Contacts	Reason For Contact	Frequency of Contact
Outside Contacts	Reason For Contact	Frequency of Contact
Outside Contacts	Reason For Contact	Frequency of Contact

Responsibility and Decision Making Decisions	Describe the types of responsibility you have for taking action in order to do your job properly.
Types of decisions you make wire	thout prior approval:
Types of decisions referred to hi	gher authority:
Describe the way in which yo guidance provided by your super	ur work is assigned and reviewed, and the frequency and type of rvisor.
Additional Compensable Factors:	Indicate whether physical effort, environment or hazards are part of your job.
- · · · · · · · · · · · · · · · · · · ·	onmental/Mental (PEM) Demands form. This is a separate document nitted with the request. The PEM form may be downloaded at: fication_info .
Knowledge and Skills:	List the experience, education, knowledge and skills required for effective functioning in this job.

• Minimum Education, Training and Experience

	List special technical, academic knowledge required as		Describe how much and what type of additional work
	a minimum qualification in this job.		experience is required as a minimum to do this job.
1		1	
2		2	
3		3	
4		4	
5		5	

	ribe the most important work procedures, regulations, policies, principles etc. that you should know ler to do your job.
Desci	ribe any license, registration, certificate, or professional affiliation required to perform your job.
1	
*	

• Preferred Skills, Knowledge and Experience

	Describe special technical, academic or other knowledge preferred in this job.		Describe how much and what type of additional work experience is preferred in this job.
1		1	
2		2	
3		3	
4		4	
5		5	

Major Challenges:	Describe two or three of the most difficult challenges you face in doing your job and the means by which they are resolved.			
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Comments?	Please state any additional comments which may be helpful in understanding this job and how it functions within the organization.			

Supervisor's Comments (if applicable): provide feedback.	Please	read	employee's	questionnaire	thoroughly	and
What do you consider the most important of	<i>duty</i> of th	is job?				
What do you consider the most important q	ualificati	ons of	an employee	in this job?		
Supervisor (if applicable):						
Please confirm that you read this questionn	aire.					
Signed:	_ Title _			Date		
Appropriate Administrator's Comments feedback.	: Please 1	ead en	nployee's que	stionnaire thoro	ughly and pro	ovide
What do you consider the most important of	<i>duty</i> of th	is job?				

What do you consider the most important qualifications of an employee in this job?		
Appropriate Administrator:		
Please confirm that you read this questionnaire.		
Signed:	Title	_ Date
The appropriate Vice President (if applicable) will also need to sign off on the PDQ prior to the information being sent to the HR Specialist, Classification and Compensation for committee review.		
Vice President:		
Please confirm that you read this questionnaire.		
Signed:	Title	_ Date