

INSTRUCTIONS FOR COMPLETING POSITION CLASSIFICATION QUESTIONNAIRE

GENERAL INFORMATION - Fill in all information requested. All Position Classification Questionnaires must be completed in its entirety.

Position Number: *The six (6) digit number assigned by the Department of Personnel Management. If new position, a copy of approved budget or budget modification is required.*

Current Classification/Position Title: *Official classified position title or "Unclassified" for new position*

Division Number: *The two (2) digit number assigned to each division*

Division Name: *Name of division*

Department Number: *The two (2) or three (3) digit number assigned by Payroll*

Department Name: *Name of department/program*

Department Phone No.: *Telephone number for contact person*

Department Fax No.: *Fax number*

Email Address: *Email address for contact person*

Type of Classification Requested: *Check the type of action requested, either Classification of new position, Reclassification of existing position or Appeal*

Immediate Supervisor's Recommendation: *Brief statement of recommended action and proposed position title*

Type of Position: *Check Regular Status box*

Business Unit No.: *Business Unit Number and object code (1xxxxx.1xxx or K1xxxxx.1xxx)*

Worksite Location: *Location of where work will be performed*

DEPARTMENT/PROGRAM MANAGER'S CERTIFICATION

Circle either (DO) or (DO NOT) recommend the reclassification and circle either (DO) or (DO NOT) certify that funds are available to finance increased costs for fiscal year or next fiscal year without additional legislation.

Check box to certify that an approved organization chart is attached.

Department/Program Manager is required to sign and date this section after appropriate recommendation and certification has been indicated; and print his/her name below signature to ensure that the appropriate person is contacted for additional information.

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This section is to be completed by DPM upon determining the appropriated classification or reclassification decision.

Items 1-4, 7-9, 11-13 and 15. These items are self-explanatory.

Item 5 Answer this item only if you will be responsible for supervising or directing the work of others. Inspecting, checking or proofreading the work of others does not in itself constitute supervision.

Item 6 Answer this item only if you will be responsible for supervising employees through subordinates. Indicate the number of employees and their classified position titles.

Item 10 This item is used to determine whether the position is a sensitive or non-sensitive position. Sensitive positions are those positions with the job responsibilities listed under per NNPPM, Section IV.K.5. Check the appropriate box based on job duties and responsibilities to be performed. This item may be completed by the Immediate Supervisor, if necessary.

Item 14 This item is used to provide a detailed outline of the duties you are required to perform. Describe your "whole job" or year round duties, not just those which might be performed during rush or peak periods of activity, or when you are substituting for other staff. Start with your most important primary duties and describe your occasional or infrequent duties last. In the left-hand column indicate the percentage of time devoted to each major duty. Percentage must equal 100%.

In answering this item, be specific and concise. Do not use words like "assist" and "handle" without explaining them. If you assist someone, tell whom, what you assist him or her with, and how. Explain the processes you use and procedures you follow. For instance, "I open, date stamp and route all incoming mail to one of the three sections in the division" is clearer and more understandable than "I handle all incoming mail."

Item 15 The employee is required to sign and date this section to certify that the answers are his/her own and that to the best of his/her knowledge they are complete and accurate. If the position is vacant, then you may indicate "vacant" in the space provided. In situations where the reclassification of an existing position is a management decision, then appropriate written justification must be submitted along with the PCQ.

Item 16 Part of this item is self-explanatory. The Immediate Supervisor must sign and date in space provided. Indicate the minimum and preferred qualifications which you believe an applicant must possess in order to perform the duties described on the questionnaire.

Minimum qualifications are the amount and type of education, work experience and training and/or licensure one is required to have to be considered for a job. Limit the minimum to what the person absolutely must have to perform the job. *For example: If a position's minimum qualifications call for a high school diploma or GED and the applicant has only an 8th grade education, then he/she does not meet the minimum qualifications for the position and will not be considered for employment in the specific classification.*

Preferred qualifications are qualifications, in addition to the minimum qualifications, which help describe the ideal candidate. Minimally qualified applicants who also have the preferred qualifications may be given first consideration in screening and hiring for a particular vacancy.

- Education: Indicate the number of years of education necessary, such as: "high school diploma," "Bachelor's degree in Civil Engineering" or "Bachelor's degree in Business Administration or Public Administration". If a college degree is a minimum requirement, please indicate the desired field or study.
- Special training: Indicate any special training which may be required, such as "completion of four years of electrical apprenticeship training."
- Experience: Indicate the number of years of experience and the type of experience required to perform the work described on the questionnaire, such as "two years of public contact experience."
- Special skills: Indicate any special skills, such as typing or any special knowledge or abilities which you believe are essential in the performance of the work.

NOTE: The Minimum Qualifications and Preferred Qualifications should not be identical.

Item 17

This item must be completed by the immediate supervisor for all classification and reclassification requests. Describe in detail how the position has changed to warrant classification/reclassification. *(If new duties have been added, what are they and which position(s) performed them previously; if duties have been deleted, what are they and to which position have they been assigned; has the volume of work changed; are the changes in the position's duties and responsibilities due to reorganization.)*

Describe in detail what changes have taken place within the program to warrant classification or reclassification.

The Immediate Supervisor is required to sign and date in the space provided.

PCQ Check Off List: The PCQ Check Off List is part of the PCQ and must be completed by programs to verify and certify that the PCQ is completed in its entirety and submitted with the PCQ, organization chart and related documents.

ORGANIZATION CHART

An updated organization chart must be submitted with each PCQ and must include the following features:

- Each individual position on the chart should be represented by its own rectangle.
- Each position must be identified with its classified title and position number.
- The PCQ's subject position must be highlighted or clearly designated.
- The vertical arrangement of the rectangles usually shows relative positions in the organization's hierarchy. The position with the most authority is normally at the top of the organization chart.
- Direct organizational relationships are shown by solid lines between positions; they indicate who reports to whom.
- Functional or advisory authority is usually shown by dotted or broken lines.
- Identify at least two levels of supervision above the subject position's supervisor.
- Identify all other positions reporting to the subject position's supervisor.

SAMPLE

