

**POSITION CLASSIFICATION QUESTIONNAIRE**  
**DEPARTMENT OF PERSONNEL MANAGEMENT**  
**FISCAL RECOVERY FUND/ARPA PROJECT USE ONLY**

Date: \_\_\_\_\_

**General Information - Fill in all information requested below.**

Position Number: \_\_\_\_\_ Requested Classification/Position Title: \_\_\_\_\_

Division Number: \_\_\_\_\_ Division Name: \_\_\_\_\_

Dept. Number: \_\_\_\_\_ Department Name: \_\_\_\_\_

Department Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Type of Classification Requested:

Classification of New Position

Immediate Supervisor's Recommendation: \_\_\_\_\_

Type of Position:  Regular Status

Business Unit No.: \_\_\_\_\_ Worksite Location: \_\_\_\_\_

I (DO) (DO NOT) RECOMMEND THIS RECLASSIFICATION AND (DO) (DO NOT) CERTIFY THAT FUNDS ARE AVAILABLE TO FINANCE INCREASED COST(S) FOR THIS FISCAL YEAR FOR THE NEXT FISCAL YEAR WITHOUT ADDITIONAL LEGISLATIVE APPROPRIATIONS.

PCQs MUST HAVE A CURRENT APPROVED ORGANIZATIONAL CHART ATTACHED WHICH DEPICTS ALL POSITIONS WITHIN THE PROGRAM WITH LINES OF AUTHORITY AND OPERATIONS. THIS IS IMPORTANT IN DETERMINING THE RELATIONSHIP OF THE POSITION TO OTHERS WITHIN THE ORGANIZATION.

I CERTIFY THAT AN APPROVED ORGANIZATIONAL CHART IS ATTACHED.

\_\_\_\_\_  
Signature of Department/Program Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Department/Program Manager (Print)

**FOR DEPARTMENT OF PERSONNEL MANAGEMENT USE ONLY**

No change - See attached report

Allocated to: \_\_\_\_\_

Class Code: \_\_\_\_\_

Grade: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Overtime Status:  Exempt  Non-Exempt OT Status Change:  Yes  No

Other actions or comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Human Resource Analyst

\_\_\_\_\_  
Date

This is the most important item on this form. Describe the major parts of your job in your own words. List the most important duties first. Indicate the approximate percentage of working time you spent on each major duty. Please DO NOT copy a standard job specification or duty statement.

Percent of Time	

1) Does this position provide child care in a child care facility, or provide for the health, safety and welfare of a child, particularly where responsibility involves direct repetitive contact with a child or unsupervised access to children?	Yes	No
2) Does this position provide patient care or provide for the health, safety and welfare of adults and elders?	Yes	No
3) Does this position have responsibility for money, receipts and/or disbursement of negotiable instruments, e.g., money, checks and property disbursements?	Yes	No
4) Does this position have responsibility for credit data, credit account records or credit transactions?	Yes	No
5) Does this position involve the carrying and use of firearms?	Yes	No
6) Does this position have responsibility for the safety and security of Navajo Nation property?	Yes	No
7) Does this position have routine access to security control and key systems?	Yes	No
8) Does this position have responsibility for controlled substances or toxic, radioactive or other hazardous materials?	Yes	No
9) Does this position have responsibility for confidential information or sensitive data protected by federal, state or Navajo Nation law?	Yes	No

**PROFESSIONAL AT-WILL DESIGNATION**

The NNPPM defines Program Managers as "anyone who has the authority to hire, terminate, discipline, or initiate personnel actions." Does this position have these responsibilities, if so, please indicate the appropriate Criteria Number and an explanation of the positions authorities.

- 1 Department Manager I, II, or III - automatically included
- 2 Position has authority to hire, terminate, discipline, or otherwise initiate personnel action

CRITERIA NO.		

Please explain responsibilities.

**CERTIFICATE OF IMMEDIATE SUPERVISOR**

Indicate below:

Position is considered a key position

Position is not a key position

I concur entirely with employee's statement

See attached memo for comments

Contact me for further information, if necessary, at \_\_\_\_\_ (phone number)

**What do you consider to be the *minimum* qualifications for this position:**

Education \_\_\_\_\_

Special Training (if any) \_\_\_\_\_

Experience (type and years) \_\_\_\_\_

Special skills (license or certification) \_\_\_\_\_

**What do you consider to be the *preferred* qualifications for this position:**

Education \_\_\_\_\_

Special Training (if any) \_\_\_\_\_

Experience (type and years) \_\_\_\_\_

Special skills (license or certification) \_\_\_\_\_

\_\_\_\_\_  
Immediate Supervisor's Signature

\_\_\_\_\_  
Classified Title