


# City of Roanoke Virginia

## POSITION DESCRIPTION QUESTIONNAIRE

### INSTRUCTIONS AND GUIDELINES FOR COMPLETING YOUR POSITION DESCRIPTION QUESTIONNAIRE (PDQ)

Position Description Questionnaires (PDQs) are being distributed to all individuals whose positions are included within the scope of the study. As these PDQs are used to write job classifications, it is extremely important for you to fill out the questionnaires completely and accurately.

To make this process easier for you, we recommend you first read through the entire questionnaire so that you understand the information we are asking for in each section. Next, complete as much of the questionnaire as you can and then put it down for a day. On the next day, complete the rest of the questionnaire. Finally, just before you submit it, read it again to make sure you have not forgotten anything. We have included a checklist on page two to assist you with tracking your progress.

1.	The information you provide on the following PDQ will be used to develop the new job classification system and determine the correct classification for your job. It is very important that you provide accurate, detailed information about your current job duties. You may complete your PDQ as an individual, or you may join with other employees who perform the same type of work that you do to complete the PDQ as a group. Contact your supervisor for specific details on how to participate through a group process.
2.	The questionnaire must be reviewed and signed by your immediate supervisor and Department Head. Objectivity is the main consideration when the PDQs are reviewed.
3.	 Please spend a majority of your time on the sections indicated by arrows as these are the most important sections in determining job classifications in the new system.
4.	<p>We suggest that you keep a copy of the final document for your records. <b><u>Throughout the review process the PDQ form must be also emailed to the Human Resources Department email to ensure retention of document as well as the integrity of the process.</u></b> The completed PDQ must be submitted:</p> <p><b>Save document as POSITION TITLE_LAST NAME_EE.</b> Submit to your Supervisor and/or Department Manager by <b>Friday, March 18, 2022</b> (email “PDQ” in the subject line to: supervisor/department manager and HR@Roanokeva.gov).</p> <p><b>Save document as POSITION TITLE_LAST NAME_EE_SUPV.</b> Supervisor submits to the Human Resources Department by <b>Friday, March 25, 2022</b> (email “PDQ” in the subject line to: employee and HR@Roanokeva.gov).</p>
5.	This document is set to be filled out by the employee by typing a response, checking a box, or selecting an answer from a drop-down menu. Spaces left for response are indicated by a gray- shaded area. Drop-down menus are indicated by the word, “select” and an arrow next to the word when the box is highlighted. You may move between response areas simply by using the “Tab” key.

**City of Roanoke, VA**  
**Position Description Questionnaire (PDQ)**  
**Overview and Checklist**

Following is an overview of the PDQ.  
Please use the checkboxes next to each section to monitor your progress and ensure completion.

**I. BACKGROUND**

- Employee Information: Name, title, email, department, etc.

**II. POSITION INFORMATION**

- Position Summary: Written description of your job's primary purpose.
- Supervision and Organizational Relationships
  - Supervisory and Lead Worker Responsibilities: Details of supervisory responsibility, if any
  - Organization Chart: Titles of coworkers and subordinates.
- Essential Duties: Major job duties and their required decisions and frequency.
- Required Knowledge and Skills: Required knowledge and skills to perform essential duties.

**III. EDUCATION, EXPERIENCE, AND EQUIPMENT**

- Education: What education do you have vs. what do you need for the job?
- Experience: What experience do you have vs. what do you need for the job?
- Special Requirements (i.e. Driver's license, CDL, certifications)
- Machines, Tools, and Equipment: Necessary equipment needed to perform job.

**IV. DECISION MAKING AND JUDGMENTS:** Short answers regarding decision-making capacity.

**V. AMERICANS WITH DISABILITIES ACT REQUIREMENTS**

- Physical Factors: Standard ADA-related requirements.
- Working Conditions: Physical working conditions.

**VI. ADDITIONAL COMMENTS**

**VII. EMPLOYEE, SUPERVISOR AND DEPARTMENT HEAD SIGNATURES**

- Employee, Supervisor/Department Manager and Department Head Signatures

**City of Roanoke, VA**  
**Position Description Questionnaire (PDQ)**

**DUE TO YOUR SUPERVISOR/DEPARTMENT MANAGER BY March 18, 2022**

**I. BACKGROUND**

**EMPLOYEE INFORMATION:** In this section you will provide information regarding your name, current job title, your immediate supervisor, etc. This information will help us make sure we refer to the correct job throughout the study

Employee Name		Date Form Completed	
Official Job Title		Department	
Work Phone		Time in Current Position	years      months
E-mail			

Immediate Supervisor		Immediate Supervisor Reports To	
Name		Name	
Title		Title	
Work Phone		Work Phone	
E-mail		E-mail	

**II. POSITION INFORMATION**



**1. POSITION SUMMARY**

**This is very important.**

**Please write 1 to 5 sentences that describe the purpose and major duties of your position.**

**Example:**      Computer Support Technician

**Summary:**      To operate, maintain and repair computer equipment and to provide technical assistance to users. Provide guidance to users on how to fix problems. Install equipment and programs. Troubleshoot problems by researching potential solutions. Provide input on software and equipment purchases.

## 2. SUPERVISION AND ORGANIZATIONAL RELATIONSHIPS



### a. Supervisory and Lead Worker Responsibilities

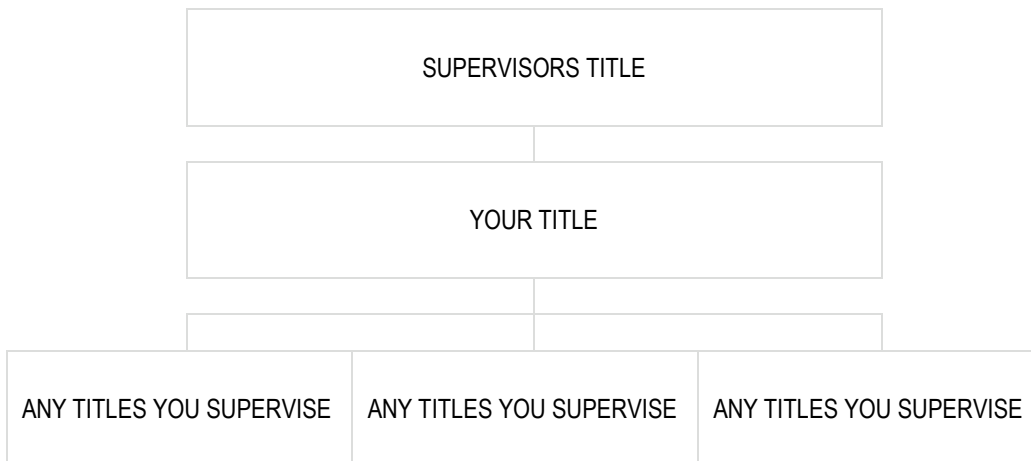
**This is very important.**

For each statement in the chart below, if the statement applies to your position, please check the box under the “Yes” column and then indicate the number of employees for which you are responsible to the right of the statement.

Yes	Duty	Full-time Equivalent Employees
	I do not officially supervise other employees (sign performance reviews, approve timecards, conduct job interviews, reward/discipline, etc.).	NA
	I evaluate and sign performance reviews, approve timecards, conduct job interviews, reward/discipline, etc. of other regular employees.	
	I evaluate and sign performance reviews, approve timecards, conduct job interviews, reward/discipline, etc. of part-time, temporary or contract employees.	
	I assign work and provide work direction as a “lead-worker” for other regular employees.	
	I assign work and provide work direction as a “lead-worker” for part-time, temporary or contract employees	

### b. Organization Chart

Complete the organization chart below. **Please use titles; not names.**  
List only those job titles for which you officially supervise and who you report to.





### 3. ESSENTIAL DUTIES

**This is very important.**

In the table below, please list your essential duties (**those duties that make up at least 5% of your time**), and the decisions you make in carrying out each duty. Provide enough detail so that someone who may not be familiar with your job will have a clear understanding of what it is that you do. For example, do not simply state “prepares reports”, but state “prepares reports such as status reports, staff reports”, or other type of report(s) you may prepare. Also, please use action verbs such as; prepares, calculates, operates, etc., to start off each statement. Avoid phrases such as “assists with” or “participates in.” **Do not use acronyms.**

In the Frequency column, please indicate how often you perform each duty: D = daily, W = weekly, M = monthly, Q = quarterly, A = annually, or O = occasionally.

In the “Percent of Time” column please indicate how much of your time you spend on each task. The total of these percentages **should not be more than 100%**. Example: Sally conducts property value estimates 20% of the time, it may mean she spends one day out of five on that task, or that she spends around two hours each day. These need only be estimates so do not spend a great deal of time trying to come up with an exact percentage. The percentages of your essential duties should not exceed 100%, but should account for at least 80% of your time.

Essential Duties (What you do and how you do it.)	Decisions Required	Frequency	% of Time
<b>EXAMPLES: (List actual essential duties below examples)</b>			
<i>Prepares monthly newsletters by gathering information, writing copy, editing, and preparing for publication.</i>	<i>Articles to include, editorial changes, graphics, layouts</i>	<i>M</i>	<i>25%</i>
<i>Performs inventory spot checks and monthly counts of supplies in warehouse.</i>	<i>When to check supplies</i>	<i>M</i>	<i>10%</i>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

#### 4. REQUIRED KNOWLEDGE AND SKILLS

Please list the knowledge and skills required for **entry into your position**, and not what you might necessarily know or be able to do after being in your position for a number of years.

**Knowledge:** refers to the possession of concepts and information gained through experience, training and/or education and can be measured through testing.

**Skills:** refers to proficiencies that can be demonstrated and are typically manual in nature and/or can be measured through testing.

Knowledge and Skills	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

### III. EDUCATION, EXPERIENCE, AND EQUIPMENT



#### 1. EDUCATION

**This is very important.**

Identify the minimum level of education you believe is needed to satisfactorily perform your job **at entry level**. This may be different from what the organization currently requires and/or from your own level of education.

Position Requires	
	Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions)
	High School Diploma or equivalent (G.E.D.)
	Up to one year of specialized or technical training beyond high school
	Associate degree (A.S., A.A.) or two-year technical certificate
	Bachelor's degree in
	Master's degree in
	Other (explain):
	What field(s) should training or degree be in



#### 2. EXPERIENCE

**This is very important.**

Identify the minimum type and years of experience required for **entry into your job?**

Type of Experience	Minimum Time Required
	years
	years
	years

### 3. SPECIAL REQUIREMENTS

List any registrations, certifications or licenses that are required for entry into your position. Do not use acronyms.

### 4. MACHINES, TOOLS AND EQUIPMENT

List any specialized machines, tools, equipment or software used in your work and show the time spent using each. Do not list common office equipment and software such as Microsoft Office, e-mail applications, copiers, faxes, personal computers, etc.

Time: Never, Infrequently (<10%), Seldom (10-25%), Moderately (26-50%), Frequently (>50%)

Machines, Tools, Equipment	Time



## IV. DECISION MAKING AND JUDGMENTS



**This is very important.**

Describe two decisions and/or judgments you make regularly and independently in the performance of your duties.

1.

2.

When making decisions do you **most** often (Check only one):

<input type="checkbox"/>	Routinely check with your supervisor before doing anything other than following standard procedures.
<input type="checkbox"/>	Follow standard procedures and established practices to resolve problems using limited discretion.
<input type="checkbox"/>	Use some discretion in your daily work and recommend new or revised policies, procedures and standard practices, which may be implemented after being approved by your supervisor.
<input type="checkbox"/>	Create and implement new solutions not previously applied

Indicate which of the following types of decisions you make regularly in the course of your work.

<input type="checkbox"/>	I plan and schedule the work of others.
<input type="checkbox"/>	I set goals and objectives for others.
<input type="checkbox"/>	I provide training and instruction to others.
<input type="checkbox"/>	I assign work activities to others.
<input type="checkbox"/>	I establish standard procedures.
<input type="checkbox"/>	I make hiring and promotion decisions.
<input type="checkbox"/>	I provide discipline and performance counseling.
<input type="checkbox"/>	I provide advice to peers that they must consider carefully before making a decision.
<input type="checkbox"/>	I provide information to supervisors/management that they use in making a decision.

## V. AMERICAN WITH DISABILITIES ACT REQUIREMENTS

### 1. PHYSICAL FACTORS

Your answers in this section will not affect how your job is classified.

Check the box that best describes the overall amount of physical effort required to perform your job.	
<input type="checkbox"/>	<b>Sedentary Work:</b> Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.
<input type="checkbox"/>	<b>Light Work:</b> Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work.
<input type="checkbox"/>	<b>Medium Work:</b> Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects.
<input type="checkbox"/>	<b>Heavy Work:</b> Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects.
<input type="checkbox"/>	<b>Very Heavy Work:</b> Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects.

For each physical activity listed below, indicate the amount of time you spend performing each physical activity during the course of your work, and the level of importance of each physical activity to the performance of your essential duties.

Time: Never, Infrequently (<10%), Seldom (10-25%), Moderately (26-50%), Frequently (>50%)

Importance: Not Important, Somewhat Important, Very Important, Extra Important

Physical Activity	Time	Importance
<b>Climbing:</b> Ascending or descending ladders, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized.		
<b>Balancing:</b> Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces.		
<b>Stooping:</b> Bending body downward and forward by bending spine at the waist.		
<b>Kneeling:</b> Bending legs at knee to come to a rest on knee or knees.		
<b>Crouching:</b> Bending the body downward and forward by bending leg and spine.		
<b>Crawling:</b> Moving about on hands and knees or hands and feet.		
<b>Reaching:</b> Extending hand(s) and arm(s) in any direction.		

**For each physical activity listed below, indicate the amount of time you spend performing each physical activity during the course of your work, and the level of importance of each physical activity to the performance of your essential duties.**

Time: Never, Infrequently (<10%), Seldom (10-25%), Moderately (26-50%), Frequently (>50%)

Importance: Not Important, Somewhat Important, Very Important, Extra Important

Physical Activity	Time	Importance
<b>Standing:</b> Particularly for sustained periods of time.		
<b>Walking:</b> Moving about on foot to accomplish tasks, particularly for long distances.		
<b>Pushing:</b> Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.		
<b>Pulling:</b> Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.		
<b>Lifting:</b> Raising objects from a lower to a higher position or moving objects horizontally from position-to-position.		
<b>Fingering:</b> Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.		
<b>Grasping:</b> Applying pressure to an object with the fingers or palm.		
<b>Feeling:</b> Perceiving attributes of objects, such as size, shape, temperature or texture by touching the skin, particularly that of fingertips.		
<b>Talking:</b> Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly.		
<b>Hearing:</b> Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts.		
<b>Seeing:</b> The ability to perceive the nature of objects by the eye.		
<b>Repetitive Motions:</b> Substantial repetitive movements (motions) of the wrists, hands, and/or fingers.		

## 2. WORKING CONDITIONS

Your answers in this section will not affect how your job is classified.

Check the box next to each working condition that you are subject to during the course of your work, and indicate the amount of time you are subject to that condition.

Time: Never, Infrequently (<10%), Seldom (10-25%), Moderately (26-50%), Frequently (>50%)

If most of your work is in an office setting, you may select the “Does Not Apply” box below.

### Does Not Apply

	Condition	Time
<input type="checkbox"/>	Hazardous physical conditions (mechanical parts, electrical currents, vibration, etc.)	
<input type="checkbox"/>	Atmospheric Conditions (fumes, odors, dusts, gases, poor ventilation)	
<input type="checkbox"/>	Hazardous materials (chemicals, blood and other body fluids, etc.)	
<input type="checkbox"/>	Extreme temperatures	
<input type="checkbox"/>	Inadequate lighting	
<input type="checkbox"/>	Work space restricts movement	
<input type="checkbox"/>	Intense noise	
<input type="checkbox"/>	Travel	
<input type="checkbox"/>	Environmental (challenging behaviors, imminent danger, threatening environment)	

## VI. ADDITIONAL COMMENTS

Are there any additional comments you would like to make to be sure you have described your job adequately?

## VII. EMPLOYEE, SUPERVISOR/DEPARTMENT MANAGER, AND DEPARTMENT HEAD SIGNATURES

### EMPLOYEE CERTIFICATION

I certify that the above statements and responses are accurate and complete to the best of my knowledge.

Employee Signature:

Date:

\* \* \* \* \*

**THANK YOU FOR COMPLETING THIS QUESTIONNAIRE. AFTER YOU OR YOUR GROUP HAS COMPLETED YOUR PORTION OF THE QUESTIONNAIRE, PLEASE SUBMIT THE QUESTIONNAIRE TO YOUR SUPERVISOR FOR REVIEW, SIGNATURE, AND COMMENT. YOUR SUPERVISOR WILL SUBMIT THE COMPLETED QUESTIONNAIRE TO YOUR DEPARTMENT HEAD.**

**TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR/DEPARTMENT MANAGER AND DEPARTMENT HEAD**

Use this section to note any additional comments, additional duties or disagreements with any section of the questionnaire. Do not change anything written by the individual filling out the questionnaire and do not address any performance issues. If you disagree with any information provided or believe some information is missing, indicate below the question number and your comments.

Question No.	Comments

**\*\*\* Any supervisor/department manager or department head comments must be discussed with the employee. \*\*\***

**SUPERVISOR AND DEPARTMENT HEAD SIGNATURES**

Please check the appropriate statement:

	I agree with the employee's position questionnaire as written.
	The above modifications have been discussed with the employee, and the employee agrees with these modifications.
	The above modifications have been discussed with the employee, and the employee disagrees with these modifications.

Supervisor/Department Manager Signature:	Date:
Department Head Signature:	Date:

I have noted the modifications made by my supervisor in the comments section above.

Employee Signature:	Date:
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