

Position Description Questionnaire



SAN DIEGO
COMMUNITY COLLEGE
DISTRICT

I. Introductory Information

Name (or vacant position #):

Date:

Position/Classification Title:

Working Title (if different):

Department/College/Site:

Immediate Formal Supervisor:

Department Phone Number:

II. Position Purpose & Organization Structure

A. BRIEFLY describe the major purpose of this job in the organization. Please try to include 3 elements: 1. an active verb (how the function is performed); 2. a function (what is performed); 3. an end result (why the function is performed.)

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B. Describe how the duties of this position have changed.

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C. What has changed within the organization (i.e., staffing levels, policies, procedures, regulations) which has caused the duties of this position to change?

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D. What classification title best describes this position?

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Why? (please explain)

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E. Describe the organizational structure for this position.

Immediate supervisor or manager (name and title):

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Peers or other contract employees reporting to the same supervisor or manager (names and titles—include contract employees only, NOT hourly or student employees):

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Jobs that this position leads or supervises (names and titles—include contract employees only, NOT hourly or student employees):

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Based on the definitions provided below, mark an asterisk (*) next to the name if this position supervises that employee.

“LEADING” includes planning, organizing, assigning, reviewing, and approving the work of others.

“SUPERVISING” includes conducting formal performance appraisals of other employees and making recommendations and/or final decisions on personnel actions (i.e., hiring, discipline, counseling, and termination).

III. Position Accountabilities

- A. List the major duties performed by this position in column A, beginning with the work that is most important. You should be able to present a complete picture in ten statements.
- B. The % assigned to each duty should equal 100%.
- C. Indicate whether the duty listed is performed daily, weekly, monthly or annually.
After reviewing the current classification description, please mark with an asterisk () those duties that you believe are not within the scope of the current classification.

	A Duties	B % of Time	C Frequency
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

100%

D. How long have the duties been substantially performed as described above?

Years _____ Months _____

E. What machinery or equipment is used in performing these duties? Does this position have responsibility for repair or maintenance of this equipment?

**Repair?
Yes/No**

**Maintain?
Yes/No**

Explain any responsibility for maintenance and/or repair of this equipment.

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F. Contact with others

INTERNAL

With what other departments/colleges/sites does this position interact? What is the primary reason for this contact? How frequently (i.e., daily, weekly, monthly)?

Department/College/Site	Reason	Frequency

EXTERNAL

With what organizations, agencies, and authorities outside SDCCD does this position come in contact? What reason? How frequently (i.e., daily, weekly, monthly)?

Organization	Reason	Frequency

G. List the reports and records this position regularly maintains and prepares and whether the position is required to prepare, maintain or analyze the report or

record.

Title/Type of Record/Report	Reason	Prepare, Maintain, Analyze

H. List the budgets for which this position is responsible and identify the nature of the responsibility

Type of Budget	Approximate Amount (Annual)	Level of Decision Making

IV. Problem Solving & Decision Making

A. Provide examples of the more complex, difficult, challenging, and/or creative aspects of this job.

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B. Provide examples of decisions made in the past year. What limits are placed on decisions made by this position?

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C. What problems and/or decisions does this position refer to someone else? To whom (title)?

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D. Describe from whom this position receives work direction, how that individual provides instructions, who reviews and approves the work, the frequency and type of guidance provided by the supervisor, and who this position would go to if the incumbent had a question.

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V. Knowledge, Background Requirements, & Qualifications

A. Knowledge

In column (a), list the minimum requirements that a new employee entering this job should have. In column (b), list additional elements that are desirable, but not essential.

KNOWLEDGE, SKILLS, & ABILITIES

[a] Minimum

[b] Desirable But Not Essential

EDUCATION, TRAINING, & PREVIOUS EXPERIENCE

[a] Minimum

[b] Desirable But Not Essential

B. Special Requirements

What other special requirements, licenses, or certifications are necessary to apply for this job?

Type (Degree/License/Certification)	Required By (State/District/Supervisor)	Length of Time to Obtain

C. Learning Period

How long would it take a new employee with the background specified above (in the minimum column) to satisfactorily learn this job?

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D. What parts of the job take the longest to learn and why?

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VI. Working Conditions

A. Describe any unusual, unpleasant, or hazardous conditions of this job.

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B. List the physical requirements of this job.

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VII. Additional Comments

Additional aspects of this job that are not covered by previous sections of this request.

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Prepared by: | _____ **Date:** | _____
(print name)

Prepared by: | _____ **Title:** | _____
(signature)

This is the END of the job section

Managers and Supervisors
Your role in this classification review process

- Remember that this process is about the assignment/position duties **ONLY** and not about the employee.
- You must not prohibit the employee from requesting or further proceeding with this position classification review or change information provided in this questionnaire.
- You must comment whether the information in this document accurately reflects the duties assigned to this employee.

VIII. Immediate Supervisor/Manager Comments:

Please indicate whether the information attached accurately reflects the responsibilities and duties assigned to this employee/position.

YES

NO

COMMENTS:

Signature of Supervisor Date

IX. Manager Comments:

Please indicate whether the information attached accurately reflects the responsibilities and duties assigned to this employee/position.

YES

NO

COMMENTS:

Signature of Manager Date

X. Vice President, Administrative Services/Instructional Services/Student Services Comments:

Please indicate whether the information attached accurately reflects the responsibilities and duties assigned to this employee/position.

YES

NO

COMMENTS:

Signature of Vice President, Administrative
Services/Instructional Services/Student Services

Date

XI. President/Vice Chancellor Comments:

Please indicate whether the information attached accurately reflects the responsibilities and duties assigned to this employee/position.

YES

NO

COMMENTS:

Signature of President/Vice Chancellor

Date