

Position Description Questionnaire (PDQ) Template for Rialto Unified School District

Purpose

The position description questionnaire (PDQ) is designed to obtain information about jobs within the organization for classification purposes only.

The goal of the PDQ is to capture a **current** and **accurate** picture of the work being performed within a specific position. The information collected will be used to update classifications as necessary and make recommendations to management. This questionnaire will be used to evaluate the duties that constitute the **position**, not the performance or qualifications of the **employee**.

Process

1. The PDQ process consists of two tiers of data collection from Employees and Supervisors.
2. The PDQ will be distributed to Employees via email and/or hardcopy on **May 15, 2019**.
3. Employee completes PDQ (preferably electronically) and sends to Supervisor by **May 29, 2019 at 4:00 PM**.
4. Supervisor reviews employee's PDQ and completes Supervisor Statement and sends to Personnel Services at RUSDPERSONNEL@rialto.k12.ca.us for review by **June 7, 2019 at 4:00 PM**.

Employee

Open Fields

There are response boxes at the end of each section where you may write in new or additional tasks/functions, explain changes or corrections that need should be made, and provide any other feedback to be considered during the review process. Leave these sections blank if you do not have any changes or additions to the pre-populated boxes.

Additionally, you may

- Use your existing job description for reference while completing the PDQ.
- Complete as a group only if all respondents are in the same classification and department, under the same supervisor, and most importantly perform identical duties to yours.
- You may attach additional information such as organizational charts, job flyers, etc., with your PDQ.

Completing the PDQ

If completing electronically

If you have difficulty opening or completing the document, please ensure that your MS Office Word is compatible with Word 2010 (.docx). This document will not work in Word 97-2003 (.doc).

1. Save PDQ to your computer using the file naming convention of *Classification_LastName-First Name_Rialto USD_PDQ.doc*
Example: Accountant_Smith-John_ Rialto USD_PDQ.doc

2. Save additional documentation as a separate document using the file naming convention of *Classification_ Last Name-First Name_ Rialto USD _Supporting*
3. Email the completed PDQ and additional documentation to your direct supervisor/manager.

If completing as hardcopy/handwritten

1. Print document and complete all fields.
2. *Staple or secure* the PDQ and additional documentation and submit to your direct supervisor/manager.

Upon completion of the PDQ, employee please send to your immediate supervisor/manager for review by Wednesday, May 29, 2019 by 4:00 PM.

The information you provide in this questionnaire will be used as a primary input for assuring that your position is properly classified. It is important that we receive accurate information from you about the content of your position. Please complete the form as carefully and thoroughly as you can.

Thanks again for your participation! If you have any questions, please contact:

Rialto Unified School District	EMAIL address	Phone number
Rhonda Kramer	RUSDPERSONNEL@rialto.k12.ca.us	(909) 820-7700 ext. 2400
Rhea McIver Gibbs		
Martha Degortari		
Michelle Buckley		
America Nieto		

**RIALTO UNIFIED SCHOOL DISTRICT
POSITION DESCRIPTION QUESTIONNAIRE (PDQ)**

FOR OFFICE USE ONLY			
E	R	RG	NR
SIC		MIC	

1. BACKGROUND INFORMATION

Name		Class Title			
Do You Wish to Request an Interview With The Consultants?		If This Is A Group Questionnaire, Please List Additional Names Here:			
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Department, Location and/or Special Program					
Work Day Begins At:		Ends:		Total Hours Per Day:	
			Length of Time in Present Position		
Name & Title of Person(s) Who Signs Your Evaluation					
Does Your Current Class Title Accurately Describe Your Position & Duties?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
If You Responded "No", Please Provide An Appropriate Class Title:					

2. JOB SUMMARY

Please summarize the major purpose of your job:

3. SPECIFIC DUTIES AND RESPONSIBILITIES

A. Representative Duties and Responsibilities

In your own words describe the regular duties and work that you perform in order of importance. In the column in the middle, provide your best estimate of the time you spend performing each duty. As an option to complete this section, you may choose to attach a copy of your current job description and indicate changes as needed.

How often performed? D = Daily, W = Weekly (at least once), M = Monthly (at least once), Y = Yearly (at least once or twice)

#	Representative Duties and Responsibilities	% of Time	How Often Performed?
1			
2			
3			
4			
5			

B. What equipment do you use in performing these tasks?

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6. DO YOU HAVE ANY FINANCIAL RESPONSIBILITY FOR A BUDGET?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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What is the total amount and type/name of any budget or funds for which you have direct accountability, including salaries of employees?

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Please mark an "X" in any box that applies to your responsibility level for the budget.

Monitoring	<input type="checkbox"/>	Development	<input type="checkbox"/>	Recommend Purchases	<input type="checkbox"/>	Authorize Expenditures	<input type="checkbox"/>
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7. SUPERVISION

A. Supervisory Responsibilities

Please mark an "X" in any box that applies to your responsibility level for supervising employees.

Please mark which level of supervisory responsibilities you perform, if any:	Please mark where applicable
Direct Supervision: conduct performance appraisals, plan/conduct professional development, interview/select personnel, provide personnel action recommendations and determinations, such as, salary increases, promotion, transfers/discipline/reassignment/etc.	<input type="checkbox"/>
Indirect Supervision: lead and provide work guidance, assign/review/monitor work assignments, provide input during evaluations and interviews.	<input type="checkbox"/>

8. KNOWLEDGE /ABILITIES

List the specific areas of knowledge and abilities that a person must possess to successfully perform your job.

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9. EDUCATION, TRAINING AND EXPERIENCE REQUIREMENTS

Indicate the qualifications and requirements for successful performance which should be required in filling a future vacancy in your classification. Describe what you believe is necessary for proper performance, not necessarily your own qualifications.

Education: Please mark an "X" for the level of education required for this classification.

Less Than High School Graduation	<input type="checkbox"/>	Graduation from High School/ GED	<input type="checkbox"/>	Some College-Level Coursework	<input type="checkbox"/>
Two Years College-Level Coursework /Associate Degree	<input type="checkbox"/>	Bachelor's Degree	<input type="checkbox"/>	Master's Degree	<input type="checkbox"/>

If college level training or a degree is required, what subject matter is required for the classification?

Experience: Please mark an "X" for the level of experience required for this classification.

Less Than 1 Yr.	<input type="checkbox"/>	1-2 Yrs.	<input type="checkbox"/>	3-4 Yrs.	<input type="checkbox"/>	5 Yrs.	<input type="checkbox"/>	6+/Other (please indicate # of years)	<input type="checkbox"/>
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Licenses, Certifications, Permits, Credentials or Specialized Training
 (Check whether it is required by the organization, State or professional standard)

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10. WORKING CONDITIONS

In order to comply with American's with Disabilities (ADA) regulations related to working conditions and physical requirements, please complete the following sections.

Work Environment: What is the work environment or location in which you perform your duties? Please mark an "X" for the working conditions associated with this classification.

Primarily Office	Primarily Indoor	Primarily Outdoor
Indoor/Outdoor Split	Driving a Vehicle for Work	Adverse or Seasonal Weather
Fast Paced Work Environment	Noise (Equipment Operation)	Fumes/Dust/Odors
Evening/Variable Hours	Remain On-Call	
Other/Comments:		

Physical Requirements: If a physical ability applies, please list a specific task which requires this ability. Please leave blank if the physical ability does not apply.

Climbing	Walking	Bending, kneeling or crouching
Standing	Reaching overhead & above shoulders	Repetitive hand/body motions
Lifting and carrying (list weight max)	Utilize hand or power tools	Pushing or pulling
Other/Comments, please be specific:		

Hazards: Please list hazardous or unpleasant working conditions in your job

Chemicals	Working at heights	Bending, kneeling or crouching
Working around and with machinery having moving parts	Dissatisfied (hostile) or abusive individuals	Extreme weather conditions
Blood/Bodily Fluids	Excessive Noise	Dust, fumes, odors
Other/Comments, please be specific:		

11. OTHER FACTORS

If you wish to present additional information about your job, use this space; additional sheets may be attached if needed.

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Signature of Employee	Date
Work Telephone Number (including extension)	

SUPERVISOR'S REVIEW

Does this questionnaire accurately reflect the duties of the employee?	Yes		No	
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If no, please explain your concerns, making reference to the numbered item in the questionnaire.
(Please do not change information in the questionnaire).

Comment on your support or disagreement with any suggested classification or title change that this employee provided on Page 1.

Please provide minimum qualifications of education and experience necessary to perform the responsibilities of this classification.

Please indicate the degree of independence/autonomy necessary to perform the responsibilities of this classification (i.e. works under close supervision, works independently with little direction, is not assigned decision-making responsibilities, etc.)

Other Supervisor comments. We strongly encourage and appreciate any further information and input you can provide.

Have you discussed your concerns with the employee?	Yes		No	
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Signature of Supervisor		Date	
Title			
Work Telephone Number (including extension)			
Work E-Mail			

