

Position Description Questionnaire (PDQ)

The Position Description Questionnaire is to be completed once a formal request for a job description review is in progress OR in the creation of a new position.

The purpose of the questionnaire is to gather detailed information about the duties and responsibilities performed, especially within the context of the factors used to evaluate and classify positions, so that all positions can be accurately reviewed by the Job Classification Audit Committee (JCAC). The questionnaire may also be used by supervisors and managers and to describe a new job.

All information will be kept confidential and will be used only to evaluate the job or to develop a job description. This questionnaire is not about job performance, and job performance has no impact on the evaluation of this position.

For more information or for assistance in completing this form please contact the JCAC co-chairs:

Divleen, Employer Co-Chair | divleen@ufv.ca
Martina Southern, FSA Co-Chair | martina.southern@ufv.ca

A) POSITION INFORMATION

Employee name(s): _____

Current position title: _____
Department: _____
Supervisor name & title: _____
Next level Supervisor name & title: _____
Director/Dean name & title: _____
Senior Administrator name & title: _____

HUMAN RESOURCES SECTION:

Position number: _____ Date PDQ received: _____

☐ Benched ☐ Classified Current Rating: _____ Current PG: _____ Date B or C: _____

B) INSTRUCTIONS

INSTRUCTIONS TO EMPLOYEE:

- 1) Complete the questionnaire section **D) Employee Subfactor Questions 1-11**.
 - Please read the entire questionnaire before completing it.
 - Provide as much detail as possible, including specific examples, and attach additional pages if necessary.
 - Always indicate the answer that best describes your duties as actually required (and not how they may be planned to be done in the future).
 - If some questions do not relate to the job, please write N/A (not applicable) in the appropriate space.
 - There are no right or wrong answers to any questions; there are only answers that tell us about the work you do.
 - Duties which may be assigned on a temporary or occasional basis, for which acting pay is received, should not be included in the response.
 - Employees performing the same position should discuss their duties with each other and submit one joint questionnaire.
- 2) Print the last page of the questionnaire to sign and date section **E) Comments & Signatures I) Employee Questionnaire Completion**. Forward an electronic copy of the rest of the questionnaire to your supervisor to review and comment. Provide him/her with the printed signature page. Please keep a copy of the PDQ for your records.
- 3) Once your supervisor has reviewed and provided input, review your supervisor's comments. Do not change your supervisor's comments. You may provide additional comments in section **E) Comments & Signatures III) Employee Comments after Supervisor Review**. Sign and date this section acknowledging that you have read your supervisor's comments.
- 4) Provide the completed PDQ to your supervisor. Please keep a copy of the final documentation for your records. Your supervisor will forward the complete PDQ to HR for the JCAC.

INSTRUCTIONS TO IMMEDIATE SUPERVISOR:

- 1) Review the completed questionnaire and provide comments for questions 1-11.
 - It is important that supervisors read the employee's submissions to ensure a common understanding of the position. Think of the position as it exists today and not what it will be, or could be someday.
 - Please do not change the employee's description of his/her position. If there is a discrepancy, please indicate so in the comments section; this should be discussed with the employee.
 - If no comments are made and this document is signed off, it indicates full agreement by the supervisor(s) and director/dean with the comments of the questionnaire.
 - Your comments should focus on job content, not individual performance.
- 2) Sign and date section **E) Comments & Signatures II) Supervisor Review**. Send the completed PDQ to the next level supervisor and/or director/dean for review and signature. If there are multiple levels of supervision prior to the director or dean level, please ensure that all supervisors have read the PDQ and signed section E) as applicable.
- 3) Once you receive back the signed PDQ from the next level supervisor and/or director/dean, provide the PDQ to the employee(s) to review your comments and sign the form acknowledging that they have read your comments.
- 4) Once you receive back the signed PDQ from the employee(s), send the signed and approved hard copy to HR for JCAC review. Also forward an electronic copy to [jjac.information@ufv.ca](mailto:jcac.information@ufv.ca) for our files. Please keep a copy of the final documentation for your records.

INSTRUCTIONS TO NEXT LEVEL SUPERVISOR, DIRECTOR, DEAN:

- 1) Review the completed questionnaire by the employee(s) and supervisor(s).
 - Please do not change the employee or supervisor's description of the position. You may add comments in the "Supervisor Comments" section for each question if necessary.
- 2) Please sign the PDQ in section **E) Comments & Signatures II) Supervisor Review** and return to the supervisor.

C) CHECKLIST

To avoid delay in processing the questionnaire, please ensure you have checked the following:

Step	Description	Employee	Supervisor
1	Complete questions 1 to 11 <u>AND</u> provided specific examples as applicable.	<input type="checkbox"/>	
2	Sign the form in section E) Comments & Signatures I) Employee Questionnaire Completion . Forward the electronic PDQ and hardcopy signed form to your supervisor.	<input type="checkbox"/>	
3	Review the employee's answers to questions 1 to 11 and provide comments.		<input type="checkbox"/>
4	Sign the form in section E) Comments & Signatures II) Supervisor Review and forward all documentation to the next level supervisor and/or the director/dean.		<input type="checkbox"/>
5	Ensure that the next level supervisor and/or the director/dean reviews the completed PDQ, signs section E) Comments & Signatures II) Supervisor Review , and provides the PDQ back to you.		<input type="checkbox"/>
6	Provide the PDQ to the employee(s) to review your comments.		<input type="checkbox"/>
7	Review your supervisor's comments, respond if applicable, and sign your acknowledgment in section E) Comments & Signatures III) Employee Comments after Supervisor Review .	<input type="checkbox"/>	
8	Provide the final completed and signed PDQ to your supervisor.	<input type="checkbox"/>	
9	Photocopy the completed questionnaire for your files and future reference.	<input type="checkbox"/>	<input type="checkbox"/>
10	Attach a copy of the department's organizational chart.		<input type="checkbox"/>
11	Send the signed and approved hardcopy PDQ to HR for review by the JCAC <u>AND</u> forward an electronic copy to jcac.information@ufv.ca .		<input type="checkbox"/>

D) EMPLOYEE SUBFACTOR QUESTIONS

1. Complexity

TO BE COMPLETED BY THE EMPLOYEE(S) WITH SUPERVISOR COMMENTS.

(a) Would you say this work is: (Please check only one box)

- ☐ Very Structured (always follows established procedures)
- ☐ Structured (usually follows established procedures))
- ☐ Moderately Structured (can choose procedures and adapt work methods as necessary)
- ☐ Unstructured (uses own ideas and may be involved in the development of procedures)

Provide examples illustrating your choice.

(b) Provide examples of the most complex or difficult problems you are required to solve. How often do you resolve problems of this nature?

(c) Describe the kinds of planning and organizing required in this job.

(d) Describe innovative and/or creative elements of the job. (E.g.: development of a new work tool, work method and/or plan)

1. Supervisor Comments

2. Judgment

TO BE COMPLETED BY THE EMPLOYEE(S) WITH SUPERVISOR COMMENTS.

(a) How often is direction received from the immediate supervisor?

- ☐ Several times a day
- ☐ Once a day
- ☐ Several times a week
- ☐ Several times a month
- ☐ Less frequently than above

Please describe the types of directions received.

(b) List and describe up to 4 typical decisions that you make or duties you perform for which you seek consultation or authorization from your supervisor or a policy and procedures manual.

1.

2.

3.

4.

(c) List and describe up to 4 typical decisions you make without first consulting a supervisor or subsequent checks.

1.

2.

3.

4.

2. Supervisor Comments

2. Judgment (cont.)

(d) How frequently is your work reviewed by your supervisor? Please explain your answer below.

(e) Which of the following most often applies to what is required for this job? Please check only one box.

- ☐ Follow specific instructions/procedures exactly.
- ☐ Use well-defined methods and procedures as guidelines for assignments.
- ☐ Select from established guidelines to achieve desired end results.
- ☐ Modify or change established methods and procedures, but stay within program or legislative boundaries.
- ☐ Develop new solutions to diverse and complex problems with conflicting requirements because there are no guidelines.

Provide specific examples of the above.

2. Supervisor Comments (cont.)

3. Mental Effort

TO BE COMPLETED BY THE EMPLOYEE(S) WITH SUPERVISOR COMMENTS.

(a) What mental, visual and/or listening attentiveness is required on a regular basis in carrying out your job duties? List activities in the table below. (For example: demand for close attention to detail, reading fine print, editing, fine electrical or mechanical work, using a word processor or computer, driving vehicles, transcribing, interviewing, etc.)

In a normal working day, how long and how often do you do this?

Activity (provide examples)	How long are you expected to do this before pausing this task? (check one)			How often does this occur? (check one)		
	Up to 1 hour	1 – 2 hours	Over 2 hours	Once in a while	Several times per day	Most working hours

Please explain your choice(s).

3. Supervisor Comments

4. Physical

TO BE COMPLETED BY THE EMPLOYEE(S) WITH SUPERVISOR COMMENTS.

(a) Not taking into account exceptional circumstances, indicate the percentage of time spent performing physical activity in each of the boxes below as applicable. Total time must equal 100%.

Examples of physical activities	Length of uninterrupted activity that continues without relief (freedom to take a break at own leisure = up to 1 hour)		
	Up to 1 hour	1 – 2 hours	Over 2 hours
Activities requiring minimal exertion E.g. sitting, driving, walking on even surfaces, lifting weight not exceeding 5 kg.			
Activities requiring moderate physical exertion E.g. climbing stairs, ladders, lifting weights, pushing, pulling objects, working in a confined or awkward space, walking on uneven surfaces, lifting weights not exceeding 10 kg.			
Activities requiring much physical exertion E.g. stooping, crouching, lifting heavy weights, digging or shoveling, use of heavy tools or materials, kneeling, crouching, lifting weights exceeding 10 kg.			

Please explain your choice(s) above and provide specific examples.

4. Supervisor Comments

5. Dexterity

TO BE COMPLETED BY THE EMPLOYEE(S) WITH SUPERVISOR COMMENTS.

(a) Does your work require accurate hand/eye coordination? This can be a fine movement such as keyboarding skills, drafting, using hand tools, repairing fine instruments/equipment, etc.

☐ Yes ☐ No

If yes, explain giving examples.

(b) Approximately what percentage of time do you spend working on a computer in the regular duties of your job?

☐ 0-50%

☐ Greater than 50%

(c) Is speed an additional requirement for the accurate co-ordination of your work? If accuracy is more important than speed, please check "No".

☐ Yes ☐ No

If yes, explain giving examples.

5. Supervisor Comments

6. Operation, Administration, Program and Service Accountability (OAPS)

TO BE COMPLETED BY THE EMPLOYEE(S) WITH SUPERVISOR COMMENTS.

(a) What is your level of input into the overall strategic plan for your department and/or plan delivery? For example, this may include collecting information on students, employees, services; implementing specific plans; delivering plans; participating in plan development; responsibility for overall plan development.

Please explain your role in plan development and/or delivery and provide examples.

(b) Do you make recommendations and if so, are they ones which impact your job area? Your department? The University as a whole? Please give examples of such recommendations which you have made.

(c) Do you receive recommendations and make decisions upon them? Do these decisions affect you? Your department? The University as a whole? Please give examples of such decisions which you have made.

6. Supervisor Comments

6. Operation, Administration, Program and Service Accountability (cont.)

(d) Which statement(s) best describe(s) the likely consequence of an error in doing this job?

- ☐ Primarily affects this department.
- ☐ Impacts UFV's overall operations, administration, programs, or services including: ☐ Students ☐ Employees ☐ Outside community
- ☐ UFV's public image and reputation.
- ☐ Health, safety, well-being of others.
- ☐ Loss of own time to correct error.
- ☐ Loss of other's time to correct error.
- ☐ Financial loss.
- ☐ Damage/loss involving machinery, equipment, supplies, or other assets.
- ☐ Impact on meeting regulatory requirements and reporting.

Please explain your answers to each of the boxes selected.

(e) How would such errors be discovered?

- ☐ By the supervisor/ co-worker
- ☐ By other department
- ☐ By the public
- ☐ By students
- ☐ By regulatory agencies
- ☐ Other (please specify) _____

Please explain your answers to each of the boxes selected.

6. Supervisor Comments (cont.)

7. Nature of Work Supervised

TO BE COMPLETED BY THE EMPLOYEE(S) WITH SUPERVISOR COMMENTS.

(a) Does your job require you to perform any of the following? Please include staff (permanent, temporary, or auxiliary), students (work-study), volunteers, contractors, etc. when answering the questions.

Nature of Work Supervised	Frequency			To whom? (i.e.: permanent, temporary, or auxiliary staff, students, volunteers, contractors, etc.)
	Rarely (once in a while)	Occasionally (temporary/ non regular basis)	Regularly (continuous/ daily)	
Provide training, guidance, and or work direction to other personnel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Schedule and monitor workflow.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assign and review work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Direct supervision: assessing performance on a regular basis and providing feedback.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

(b) Which statement best describes your responsibility for supervision of the work of others? (Check only one box)

- ☐ No responsibility
- ☐ Supervise others who do essentially the same work
- ☐ Supervise others who hold different positions within the same area of activity
- ☐ Supervise others who hold different positions within different areas of activity

Please explain your choice.

7. Supervisor Comments

8. Scope of Supervisory Responsibility

TO BE COMPLETED BY THE EMPLOYEE(S) WITH SUPERVISOR COMMENTS.

(a) How many permanent Type A staff employees do you supervise? Do not include temporary, auxiliary, work-study, or student staff.

- ☐ No permanent employees supervised.
- | | | | |
|--------------------------------|--------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> 1-2 | <input type="checkbox"/> 3-5 | <input type="checkbox"/> 6-10 | <input type="checkbox"/> 11-14 |
| <input type="checkbox"/> 15-24 | <input type="checkbox"/> 25-34 | <input type="checkbox"/> 35 + | |

List names and position titles.

8. Supervisor Comments

9. Contacts

TO BE COMPLETED BY THE EMPLOYEE(S) WITH SUPERVISOR COMMENTS.

(a) What is the nature of your usual communications with others? For each contact listed below, check the appropriate code. You may choose more than one code for each selection.

CODES

- A. No exchange of information
- B. Explain or exchange data and information.
- C. Settle requests, complaints, or clarification of information.
- D. Discussion or resolution of problems by presenting detailed information of a specialized nature.
- E. Influencing, persuading, or securing co-operation of others in contacts of a difficult, specialized, or sensitive nature.

CONTACTS	A	B	C	D	E
1. Employees in the same department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Employees in another department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Heads or directors of departments or services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Senior administrators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Suppliers, distributors, contractors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Regulatory agencies, other institutions, government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Community members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Other(s) Specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provide specific examples for each of your selections including the purpose of the contact:

9. Supervisor Comments

10. Disagreeable Working Conditions

TO BE COMPLETED BY THE EMPLOYEE(S) WITH SUPERVISOR COMMENTS.

(a) Are you exposed to unpleasant conditions? Dust/ dirt, fumes, extreme temperatures, odor, loud noise, radiation, requirement to wear protective equipment, verbal and physical abuse, health and accident hazards, etc.

☐ Yes ☐ No

List as applicable and provide examples.

If so, how often are you exposed to these conditions? (I.e.: once in a while, monthly, weekly, daily, all working hours).

If applicable, what precautions or safety measures do you need to take to avoid a work injury to yourself?

(b) What is your typical working environment most days?

- ☐ Private office
- ☐ Open area/ cubicle/ front desk
- ☐ Mostly outdoors
- ☐ Other (please specify) _____

Additional comments:

10. Supervisor Comments

11. Multiple Demands

TO BE COMPLETED BY THE EMPLOYEE(S) WITH SUPERVISOR COMMENTS.

WORK PRESSURES

(a) Not taking into account exceptional circumstances, which one of the following most often applies to the constancy of work pressures of this position. Check only one.

- ☐ Occasional work pressures.
- ☐ Moderate work pressures
- ☐ Frequent conflicting work pressures.

Describe your choice below and provide specific examples.

(b) What is the most stressful item in the day-to-day activities of your job?

INTERRUPTIONS

(c) How often do interruptions occur and what is the nature of these interruptions? Please explain below and provide specific examples.

(d) What is your control over interruptions? (i.e.: ability to close door, not open an email, etc.)

DEADLINES

(e) Do you perform tasks which have absolute/critical deadlines? Please explain below and provide specific examples.

If so, what would happen if the deadline was missed?

(f) What is your control over deadlines? (i.e.: ability to close door, not open an email, etc.)

11. Supervisor Comments

E) COMMENTS & SIGNATURES

The purpose of this review is to ensure that all questions have been completed, specific examples have been provided, and that both the employee(s) and supervisor(s) agree on all of the responses.

I) Employee Questionnaire Completion: *With multiple employees in the same position, all require the opportunity to provide input.*

Employee Name(s): _____

Employee Signature(s): _____

Date Filed with Supervisor: _____

II) Supervisor Review: Is a change recommended to the current position title? ☐ NO ☐ YES

If yes, recommended title: _____

If yes, provide the rationale for the recommended title change:

I have reviewed the employee's answers to all of the questions and provided comments as applicable.

Immediate Supervisor Name: _____

Immediate Supervisor Signature: _____ Date Reviewed: _____

As applicable (if different than above):

Next Level Supervisor Name: _____

Next Level Supervisor Signature: _____ Date Reviewed: _____

Additional comments from next level Supervisor:

As applicable (if different than above):

Director/Dean Name: _____

Director/Dean Signature: _____ Date Reviewed: _____

Additional comments from Director/Dean:

III) Employee Comments after Supervisor Review:

I have read the supervisor comments for each factor of this Position Description Questionnaire.

Employee Signature(s): _____ Date Filed with Supervisor: _____