|  |  |
| --- | --- |
| ***NEWsjeccdlogo*** |  |
| **HUMAN RESOUCES SERVICES GROUP** |
| ▪ Forty South Market ▪ San José, CA 95113 | ▪ 408-270-6406 (tel) ▪ 408-239-8825 (fax) |

**MSCC Position Description Questionnaire (PDQ)**

This form is being used:

Employee Initiated  Management Initiated  to Reclassify a Position  to Create a Position

for Class Study or Update

**Instructions:** Please review this form, and complete it as fully as you possibly can (not all sections of this form will be applicable to all positions.) Enter your responses in the gray sections below each question and return it to your manager upon completion.

|  |  |
| --- | --- |
| EMPLOYEE INFORMATION | |
| Name:  Date:  Email:  Ext: | College/ unit:  Department:  Current job title and range:  Requested job title and range: |
| SUPERVISOR INFORMATION | |
| Immediate Supervisor Name:  Supervisor Title:  Supervisor Work Location:  Supervisor Contact Information: | |
| JOB SPECIFICATIONS­­ | |
| **JOB RESPONSIBILITIES** Please describe the primary role and function of the position. If this is a position review/reclassification, provide examples and create a brief one paragraph job description. Please (outline) significant changes in the position:  **PRIMARY ROLE DESCRIPTION** Please identify specific duties and responsibilities and provide a breakdown of the approximate percentage of time spent, on average, on each duty.   |  |  |  | | --- | --- | --- | | Job activities | % of time | New duty or change | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   Attach a copy of the current and the proposed organizational chart to this document. Include current and proposed job description.     |  | | --- | | Interpersonal Communication/Interaction: |  1. Provide a previous and current organizational chart listing the names, position and status, full time and/or part time or List the names and job titles of individuals you directly supervise. For each listing, note whether these are part- time or full-time positions, and, where applicable, the number of staff directly supervised by these individuals.  |  |  |  |  | | --- | --- | --- | --- | | **Person(s) You Directly Supervise** | **His or Her Job Title** | **Part Time or Full Time** | **Number of Employees he or she Supervises** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |  1. If your position involves leadership, supervisory, or managerial responsibilities for other staff, check (√) below in the first two columns of boxes the responsibilities assigned to you on an on-going basis. Then check your level of involvement in supervising/managing employees regularly assigned to you.  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Supervisor/Manager** | | | | | **Level of Involvement** | | | | |  |  | Employee leave  Resolve grievances  Select new employees Transfer/promotion action Disciplinary action Discharge action  Adjust salary of staff  Evaluate performance  Additional Responsibility:\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | Give Input OR Give Input OR Give Input OR Give Input OR Give Input OR Give Input OR  Give Input OR  Give Input OR  Give Input OR |  | Recommend OR Recommend OR Recommend OR Recommend OR Recommend OR Recommend OR Recommend OR  Recommend OR  Recommend OR |  | Final Approval  Final Approval  Final Approval  Final Approval  Final Approval  Final Approval  Final Approval  Final Approval  Final Approval | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | |
| POSITION SCOPE AND IMPACT | |
| Explain the impact, to the extent possible, that the work of this position has within the department, division, college and district and/or externally, if applicable.    Describe the constituents, both internal and external to SJECCD, with whom this position works most closely. | |

|  |  |  |
| --- | --- | --- |
| **JOB REQUIREMENTS (CREATING A NEW POSITION ONLY):** | | |
| LICENSES, SKILLS, EXPERIENCE AND TECHNICAL  **­**Please list any specific education, training, or certification that is required for the successful performance of this job.    Experiences    Indicate any education, specific degree, major, license, registration, or certification required, as you would in our online recruiting system, and why it is needed: | | |
| Degree | License | Certification |
| Major | Registration | Other |
|  | | |
| **SUPERVISORY RESPONSIBILITIES – Evaluate Hire, Train and Discipline (CREATING A**  **NEW POSITION ONLY):** | | |
| Is this position responsible for managing a department or unit? If so, please name the department or unit.  No  Yes, department/unit:  Designate the type of staff this position supervises using the following categories: (overtime eligible, exempt, temporary) student worker, and independent contractor. Please also note the number of individuals this position supervises. List types of positions.    Check off the primary supervisory responsibilities of this position.  Conducts interviews independently  Directs the work of other employees and assigns significant tasks. Provide an example:    Independently prepares and delivers performance evaluation(s)  Hires, transfers, promotes staff  Takes disciplinary action  Makes recommendations for termination | | |

|  |  |
| --- | --- |
| FUNCTIONAL MANAGEMENT | |
| What responsibility does this position have for establishing, interpreting and/or implementing plans, policies  or procedures? Provide an example(s) that demonstrate this responsibility. If your position has any financial (budgetary or procurement) responsibilities, complete the following table, showing the **approximate annual value** of the item over which you have financial approval, accountability, or signature authority. For each item listed below on the left, check **(√)** all boxes that apply. Do not list any type if less than $1,500.00   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Type of Item of Value** | **Dollar Amount** | **Justify Needs & Recommend Proposals**  **(√)** | **Prepare Financial Data & Documents**  **( √ )** | **Approve Final Requests**  **(√)** | **Authorize**  **Expenditures or Allocations**  **(√)** | **Monitor, Track & Record Expenditures or Allocations**  **(√)** | | Salaries & Wages |  |  |  |  |  |  | | Equipment & Machinery |  |  |  |  |  |  | | Material & Supplies |  |  |  |  |  |  | | Grants(pass through funds) |  |  |  |  |  |  | | Program Services |  |  |  |  |  |  | | Contractual or Rental Services |  |  |  |  |  |  | | Travel & Lodging |  |  |  |  |  |  | | Other  (specify) |  |  |  |  |  |  | | **Total** |  |  |  |  |  |  |   Describe the major financial decisions this position makes, and the effect that these decisions have on the overall operating or financial success of the **College/District**.    Include the sizes(s) of the annual budget(s) for which this position is responsible: | |
| General Fund | Restricted |
| Categorical | Other (please explain) |
|  |  |
| If the position manages a segment of the department budget, indicate the line item(s).    How much authority for spending funds does this position have? Is there a maximum? Provide examples.    If this position manages grants, categorical and/or restricted funds, indicate the types of funds and numbers of each, stating dollar amounts.    Does this position have the authority to appropriate funds to different areas? If so, for which line item(s) in the budget?  No  Yes, name the line items: | |

|  |
| --- |
| COMMENTS AND SIGNATURES |
| EMPLOYEE’S COMMENTS Please provide any further comments you have about your position:  ­  ***Employee’s Signature:***  ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Date:*** |
| **SUPERVISOR’S COMMENTS**  Please provide comments about the accuracy and completeness of this form:    ***Supervisor’s Signature:***  ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Date:***  By signing this document, you are acknowledging receipt.  Your signature does not indicate your validation of the information contained in it. You will have further opportunity to contribute during the classification review process. |

**PRESIDENT/CHANCELLOR’S SIGNATURE**

Please provide comments about the accuracy and completeness of this form:

***President/Chancellor’s Signature:***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Date:******HR Department:***