POSITION CLASSIFICATION QUESTIONNAIRE

STATE OF ALABAMA
Personnel Department

PCQ# _____

1. Employee's Name _____

2. Classification _____ 5. Division or Bureau _____

3. Working Title _____ 6. Section or Unit _____

4. Department _____ 7. Work Location (County) _____

8. Name and title of immediate supervisor (person who assigns work) _____

_____

9. Position is: full-time [ ] or part-time [ ],
and permanent [ ] or temporary [ ].

10. SUPERVISION EXERCISED: Only complete this section if this position completes performance appraisals or actually participates in rating other employees. If the position functions as a lead worker and only assigns work, then list that responsibility on item 11B as a duty.

In the box below:

a. List the TOTAL number of employees that this position supervises (ALL employees in the positionôs chain-of-command).
b. List the percentage of time spent on supervision and related duties.
c. List the number of DIRECT reports for this position. If this position DIRECTLY supervises 5 or less employees, give names and titles. If this position DIRECTLY supervises more than 5 employees, give the number and official classification of each.

d. As a supervisor, does this position: (Check the activities performed)

Make daily work assignments?	[ ]	Interview and make hiring recommendations?	[ ]
Approve and Disapprove leave requests?	[ ]	Recommend disciplinary actions?	[ ]
Reassign job duties on permanent basis?	[ ]	Prepare and conduct performance appraisals?	[ ]

11. DESCRIPTION OF DUTIES PERFORMED:

a. In one or two sentences, describe the major purpose of this position.

b. Duty Statement: (*Complete Column "C" first*)

- In column A, indicate PERCENTAGE of time spent on each duty (total should not exceed 100%).
- In column B, rate the duties as to their IMPORTANCE. **VI-**Very Important **I**-Important **SI-**Somewhat Important
- In column C, describe in detail each of the position's PERMANENT duties and responsibilities using your OWN words.

A %	B rating	C Description of Duties

(Attach additional sheets if necessary)

12. DECISION MAKING: Give example(s) of the more important decisions made while performing the duties of this position. Then list the possible effect of error(s) on the organization or general public.

13. FINANCIAL RESPONSIBILITY: If this position has responsibility for controlling and/or authorizing the expenditure of funds, please describe and indicate approximate amount controlled.

14. WORK GUIDELINES: (Only include written guidelines) List the specific laws, regulations, instructions, manuals, or procedures that must be followed in performing this job and describe how they are used.

LIST ITEM	HOW USED

15. SUPERVISION RECEIVED:

How is this position's work reviewed? (Check one)

[ ] Supervisor reviews most or all of work while it is being done.
[ ] Supervisor spot checks work as it is being done.
[ ] Supervisor reviews most or all of work after completion.
[ ] Supervisor spot checks work after completion.
[ ] Supervisor does not review work.
[ ] Other. (Describe fully)_____

16. WORK CONTACTS: With whom outside of this unit must this position regularly come in contact?

Who Contacted	How (Phone, in person, etc.)	Purpose of Contact	How Often

17. EQUIPMENT USED: List any equipment used regularly. Give percent of time spent in operation of each. For vehicles and construction and maintenance equipment operated, indicate capacity, e.g., tonnage, yardage.

%	%
%	%
%	%
%	%

a. Does this position require typing?
[ ] NO
[ ] YES--Give % of time spent in typing %

ITEMS TO BE COMPLETED BY IMMEDIATE SUPERVISOR AND/OR APPOINTING AUTHORITY

18. Are the statements of the employee accurate and complete? (Indicate inaccuracies and incomplete items)

19. If duties listed are for reallocation of position, what additional and/or more complex duties have been added to this position to warrant reallocation?

20. List any required licenses, registrations, certifications, or special requirements necessary to perform the job.

21. Check below the type of supervision provided by the immediate supervisor to this position.
[ ] CLOSE/HANDS ON or [ ] GENERAL/ADMINISTRATIVE

22. Additional information and comments (additional sheets may be attached, if necessary).

Item #	

VERIFICATION - READ CAREFULLY BEFORE SIGNING

I hereby certify that I have read the above and verify that it is , to the best of my knowledge, correct and accurate. I understand that disciplinary action could be taken against anyone who knowingly provides false information.

Signature of Incumbent Date Telephone # (ATTNET)

Signature of Supervisor Date Title/Classification Telephone # (ATTNET)

Signature of Appointing Authority Date Telephone # (ATTNET)

QUESTIONNAIRES SHOULD BE SIGNED BY ALL APPROPRIATE PARTIES BUT MUST BE SIGNED BY THE APPOINTING AUTHORITY.