

**ALAMEDA COUNTY HUMAN RESOURCE SERVICES  
POSITION DESCRIPTION QUESTIONNAIRE INSTRUCTIONS**

*(BEFORE STARTING TO FILL OUT THIS QUESTIONNAIRE READ THE FOLLOWING INSTRUCTIONS)*

This is an official document which will be used to review and determine the appropriate classification of a position. Note, to be considered for a reclassification, an employee must be performing the duties of the higher level classification for at least one year (full-time) with at least 51% of their time spent performing duties in the higher level classification.

The purpose of this form is to give you an opportunity to describe in your own words, the work that you perform. Your description is important to assist HRS in making a fair and accurate evaluation of your job to determine the appropriate classification of your position. The main idea is to describe the job itself, not your personal effectiveness or personal qualifications.

**There are nine sections in this questionnaire.**

**SECTION I THRU SECTION VI - TO BE COMPLETED BY EMPLOYEE (PAGES 1 THRU 7)**

Your information will not be changed by your Supervisor or Human Resources Representative. They will review your completed sections and may make comments they believe necessary to clarify your information. All information submitted should be in your own words. When you have completed Sections I thru VI, forward this form to your immediate Supervisor via email.

**SECTION VII – TO BE COMPLETED BY EMPLOYEE’S IMMEDIATE SUPERVISOR**

**SECTION VIII - TO BE COMPLETED BY DIVISION HEAD**

**SECTION IX - TO BE COMPLETED BY DEPARTMENT’S HUMAN RESOURCE REPRESENTATIVE**

**TRANSMITTAL INSTRUCTIONS:**

1. All PDQ’s, even if completed electronically, must have all required signatures/approvals in order to be processed by HRS.
2. Once a PDQ is completed, the PDQ must be submitted via email to [PREQ\\_PDQ@acgov.org](mailto:PREQ_PDQ@acgov.org), and must include the control number and your agency name in the subject line (i.e., 17-29385 ALCSO).
3. *If the PDQ is for HCSA, the subject line must contain HCSA plus your agency (i.e., 17-29384 HCSA BHCS).*

**GENERAL TASKS TO COMPLETE A CLASSIFICATION STUDY**

Action	Responsible Party
I. Review the Position Description Questionnaire and any attachments. Conduct necessary background research.	Analyst
II. Schedule and conduct position audit with employee.	Analyst with Incumbent.
III. Schedule and conduct follow up meeting with employee’s supervisor.	Analyst
IV. Review audit information with supervisor/management.	Analyst
V. Classification Manager to review Analyst’s study recommendation.	Manager
VI. Determine appropriate classification of the position and prepare written notifications.	Analyst
VII. When appropriate, schedule reclassification request for action by the Civil Service Commission.	Analyst

**ALAMEDA COUNTY HUMAN RESOURCE SERVICES**  
**POSITION DESCRIPTION QUESTIONNAIRE**

**SECTION I – GENERAL INFORMATION**

1. Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ M.I. \_\_\_\_\_  
Employee ID: \_\_\_\_\_ Phone # \_\_\_\_\_ Tie-Line Extension: \_\_\_\_\_  
Dept.: \_\_\_\_\_  
Title of Current Position: \_\_\_\_\_ Title of Proposed Position: \_\_\_\_\_  
Current Job Code: \_\_\_\_\_ Proposed Job Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_ QIC Code: \_\_\_\_\_

2. Have you previously submitted a Position Description Questionnaire?  
 YES  NO If yes, approximate date: \_\_\_\_\_

3. Are you receiving Out-Of-Class Pay?  YES  NO If yes, for what class? \_\_\_\_\_  
Are you receiving a footnote?  YES  NO

4. Name and class title of your immediate supervisor:  
Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

5. How long have you been performing your current duties? \_\_\_\_\_  
How long have you been in this Agency/Department? \_\_\_\_\_  
How long have you been with Alameda County? \_\_\_\_\_  
Date questionnaire completed: \_\_\_\_\_

6. Indicate any LICENSE, REGISTRATIONS, or CERTIFICATES required to perform your job.  
\_\_\_\_\_

7. Please indicate your preferred method of receiving written notices, such as letters, staff reports, etc.

Send soft copy to this email address: \_\_\_\_\_

Send hard copy to this QIC number: \_\_\_\_\_

Send hard copy via U. S. mail to this address: \_\_\_\_\_

**SECTION II – DESCRIPTION OF DUTIES**

Please list the major, important, and essential duties you perform. For each duty listed, indicate in the Frequency and Time Spent columns the number which best describes each duty.

EMPLOYEE		SUPERVISOR			
<u>FREQUENCY</u>	<u>TIME SPENT</u>	<u>IMPORTANCE</u>	<u>SUPERVISOR REVIEW</u>		
1 = Yearly 2 = Monthly 3 = Weekly 4 = Daily 5 = Hourly	List the percentage of time spent performing each duty. Percentages should total 100 percent (100%).	1 = Minor Importance 2 = Important 3 = Very Important 4 = Critical	E = Essential (a major focus of job/position) NE = Non-Essential (a minor focus of the position – can be easily assigned to another position).		
MAJOR, IMPORTANT, AND ESSENTIAL DUTIES		Frequency	Time Spent	Importance <b>(To be completed by Supervisor)</b>	Supervisor Review <b>(To be completed by Supervisor)</b>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				

**SECTION III – SUPERVISORY/LEAD RESPONSIBILITIES (if any)**

Please list the names and titles of the employees for whom you are responsible on a permanent and daily basis. Do not include supervision you provide on a temporary basis.

**How many employees do you supervise/lead directly?**

Name	Classification	Full Time or Part Time

If you have lead or supervisory responsibility, check those statements which best describe your responsibility:

- |  |  |
|--|--|
| <input type="checkbox"/> Participate in final selection of new employees | <input type="checkbox"/> Assist employees with work problems |
| <input type="checkbox"/> Train new employees                             | <input type="checkbox"/> Plan employees' time schedule       |
| <input type="checkbox"/> Assign work                                     | <input type="checkbox"/> Recommend disciplinary action       |
| <input type="checkbox"/> Check work in progress                          | <input type="checkbox"/> Complete performance evaluation     |
| <input type="checkbox"/> Check completed work                            | <input type="checkbox"/> Authorize time off                  |

**How many employees do you supervise/manage through others?**

Classification	# Positions in Classification	Full Time or Part Time

## SECTION IV – WORKING RELATIONSHIPS

If you are required to foster, establish, and maintain professional contacts in the performance of your duties, indicate the types of contacts by completing the Purpose, Frequency, and Time Spent columns using the codes provided below:

EMPLOYEE			SUPERVISOR	
PURPOSE OF CONTACTS	FREQUENCY	TIME SPENT		SUPERVISOR REVIEW
1 = Provide information/service 2 = Coordinate services, projects, and/or activities 3 = Solve problems for services, projects and/or activities 4 = Supervise and direct others 5 = Negotiate within policy 6 = Negotiate involving policy changes 7 = Other	D = Daily W = Weekly M = Monthly A = As Needed	S - Significant = 10% or more  M – Moderate = 5% - 9%  O – Occasional = less than 5%		E = Essential (a major focus of job/position) NE = Non-Essential (a minor focus of the position – can be easily assigned to another position).
Types of Contact	Purpose	Frequency	Time Spent	Supervisor Review (To be completed by Supervisor)
1. Co-workers				
2. Subordinates				
3. Supervisor/Manager				
4. General public/clients/customers				
5. Contractors, developers, engineers, vendors				
6. Board of Supervisors, including Committees of the Board				
7. Commission(s)				
8. Committee(s)				
9. Other federal, state, local or non-profit agencies:				
10. Other: (please specify)				

**SECTION V – DECISION MAKING**

In the spaces below, provide three examples of the types of decisions required in your work which are likely to have the **most** impact on the work of your unit, department, and/or organization. Indicate the degree of supervision or guidance you receive in making these decisions and how often you make them.

**DEGREE OF SUPERVISION:**

- 1 = Immediate – work is performed in accordance with established procedures with few deviations.
- 2 = General – some judgment exercised in selecting guidelines, deviations, require approval.
- 3 = Direction – requires frequent interpretation of policies and guidelines may develop recommendations consistent with directives policies.
- 4 = General Direction – exercises creativity resourcefulness; judgment required to interpret policies, goals, objectives, may deviate from traditional methods.
- 5 = Administrative Direction – requires discretion in applying policy and resolving organizational and service delivery problems.
- 6 = General Administration Direction – assumes sole authority and responsibility for a functional area; works within broad frameworks.
- 7 = Policy – fulfills responsibilities within broad policy guidelines provided by governing body.

**FREQUENCY**

- D = Daily
- W = Weekly
- M = Monthly
- Y = Yearly

Examples:

Degree

Frequency

1.

2.

3.

**SECTION VI – EVOLUTION OF POSITION**

1. Describe how the duties and responsibilities of your position have changed.

2. When did your job change?

3. Why did your job change?

4. Are there any factors which affect this position or other relevant information not discussed in this questionnaire?

5. In your opinion, what is the appropriate classification for your position?

6. Do you meet the minimum qualifications of the position requested as outlined in the class spec?  
 YES     NO

7.  I hereby certify that the statements made herein are true and I agree and understand that misstatements or omissions of materials facts may forfeit my rights in the service of the County of Alameda.

PRINT EMPLOYEE NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

(EMPLOYEE: SAVE A COPY OF THIS FORM TO YOUR DRIVE FOR YOUR RECORD AND FORWARD TO YOUR SUPERVISOR VIA EMAIL)



**SECTION VII – TO BE COMPLETED BY IMMEDIATE SUPERVISOR (Not to be shared with employee)**

1. In Section II, Page 2, in the column titled Importance Rating, go through the tasks listed and rate the importance of each item on a scale of one to four.

In Section II, Page 2, in the column titled Supervisor Review, go through the tasks listed and rate as "E" Essential or "NE" Non-essential.

In Section IV, Page 4, in the column titled Supervisor Review, go through task listed and rate an "E" Essential or "NE" Non-essential.

2. As the immediate supervisor, do you agree with the employee's statements? (Are tasks complete and accurate? Are time estimates reasonable? Are supervision or lead responsibility statements accurate?) Try to be as specific as possible in your explanation if answer is NO.

YES     NO

If no, explain:

3. The following statements describe varying degrees of supervision and control exercised over the employee indicating the degree of independence under which the responsibilities of the position are carried out. The statements also take into account methods and procedures employed by the employee in carrying out his/her duties.

Degree of supervision under which employee works (check only one - consider job as a whole).

- Methods of performing tasks are explained in specific terms and details of the tasks are reviewed by a supervisor when work is in progress and upon completion.
- Methods of performing tasks are outlined or explained in general terms and work is reviewed by a supervisor at regular intervals during progress and upon completion.
- Methods of performing tasks are usually left to the judgment of the employee with a supervisor giving occasional instructions, advice, and decisions, and that work is reviewed occasionally while in progress or upon completion.
- Methods of performing tasks are the responsibility of the employee so long as performed within established policies or as prescribed by rules and regulations and that work is reviewed only periodically to assure conformance and to measure results.
- Methods of performing tasks are largely within the discretion of the employee, who has considerable latitude in interpreting and applying policies, rules and regulations, and whose performance is measured mainly by results accomplished.

**SECTION VII – TO BE COMPLETED BY IMMEDIATE SUPERVISOR (*Not to be shared with employee*)  
(Continued)**

4. What do you believe to be the most important or responsible assignment of this employee?

5. Do you agree that the duties and responsibilities of this position have changed significantly enough for the position to be studied?  YES  NO

If yes, describe how the duties and responsibilities have changed.

6. Describe, if any, the impact this study/reclassification might have on other classifications in your department and/or division (e.g., compaction, reporting structures, etc.).

7. List the names and classification title of other employees performing similar duties described herein. If more than six, group by class title and list number of positions.

8. Please provide any additional information that should be considered. Please attach an organizational chart which includes filled/unfilled positions.

9. Do you anticipate any potential changes to this position or division/unit within the near future?  
 YES  NO

10. Are there any vacant, currently funded positions in your unit?  YES  NO

If Yes, provide title and number of vacancies.

**SECTION VII – TO BE COMPLETED BY IMMEDIATE SUPERVISOR (*Not to be shared with employee*)  
(Continued)**

Comments of Immediate Supervisor (where applicable):

I hereby certify that the statements made herein are true and I agree and understand that misstatements or omissions of material facts may forfeit my rights in the service of the County of Alameda.

PRINT SUPERVISOR'S NAME \_\_\_\_\_ DATE: \_\_\_\_\_

**SECTION VIII - TO BE COMPLETED BY DIVISION HEAD**

Comments of Division Head:

I hereby certify that the statements made herein are true and I agree and understand that misstatements or omissions of material facts may forfeit my rights in the service of the County of Alameda.

PRINT DIVISION HEAD'S NAME \_\_\_\_\_ DATE: \_\_\_\_\_

**SECTION IX - TO BE COMPLETED BY DEPARTMENT HUMAN RESOURCES REPRESENTATIVE**

Comments of Human Resources Representative:

**(Please provide an organizational chart.)**

I hereby certify that the statements made herein are true and I agree and understand that misstatements or omissions of material facts may forfeit my rights in the service of the County of Alameda.

PRINT HUMAN RESOURCES REPRESENTATIVE'S NAME \_\_\_\_\_  
DATE: \_\_\_\_\_