

**SAN BERNARDINO CITY UNIFIED SCHOOL DISTRICT
CLASSIFIED CLASSIFICATION AND COMPENSATION STUDY**

**POSITION DESCRIPTION QUESTIONNAIRE (PDQ)
INSTRUCTION FOR COMPLETION**

Purpose

The purpose of the questionnaire is for documenting the duties and responsibilities assigned to the position subject for evaluation. The information requested will be used in either reclassification or classification studies.

You are in the best position to know exactly what you do, how you do it, what you need to know to perform the work. After you complete the questionnaire, we suggest you review it with your supervisor or manager to ensure that you have a mutual understanding of the full scope of your responsibilities. Although your supervisor and department head will have the opportunity to review and provide additional information regarding your completed questionnaire, it will not be changed.

Achieving high-quality results from the Classification and Compensation Study depends on having thorough, accurate position descriptions. We need your assistance to accomplish this. Please give each question careful thought. If you are unclear about how to answer a particular question, ask your supervisor, call the Personnel Commission office or talk with your CSEA representative.

Submit your completed questionnaire to your designated site representative.

General Instructions

Read over the entire questionnaire before you begin. Take time to think about the role you play in serving the District's students and customers through the work products you produce and the performance results you contribute. Think about the really important things you do and what it takes to do them at a high level of quality and efficiency. Then, complete each section. Your response can be in ink, neatly and legibly written, typewritten, or completed electronically.

Complete the questionnaire as if you were describing your position to someone who knows nothing about what you do. Describe your current duties and responsibilities and the results you are responsible for producing. If questions or certain types of information do not apply to your work, simply indicate N/A.

Use **the Additional Information** section to add any other important information needed to provide a full and complete description of your position. If more space is needed, attach additional pages.

Return the completed form to the Personnel Commission office or mail to 777 North F. Street, #B, San Bernardino, CA 92410. You can email Nersidalia.garcia@sbcusd.k12.ca.us If you have any questions, please call Personnel Commission at 381-1280.

In this section, you are asked to describe all the important aspects of your position. Refer to the instructions below for each of the columns as you complete the form.

Position functions and responsibilities and % Time

1. List only responsibilities and tasks that either occupy most of your time or that, although performed infrequently, are very important to the contribution you make to your department and the District.
2. List one responsibility or task in each space. List tasks in order of their importance to your position, beginning with the most important first.
3. Begin each responsibility or task statement with an action word, such as *analyze, design, install, inspect, plan, etc.* Be as precise as possible in the action words you select so that you accurately convey what you actually do in your work. For example, *use draft preliminary report and recommendations* rather than *prepare reports*, since the word *prepare* can have many different meanings.
4. Estimate the percentage of time you spend overall on your function or responsibility **over the course of a year.** Be sure the percentages for all your tasks add up to 100 percent.
5. For each function or responsibility, describe briefly the major tasks you perform to carry out the function or responsibility.
6. If you need more space to list your functions and responsibilities, use additional paper.

Knowledge, skills and abilities required; special licenses

1. Describe the most important knowledge, skills and abilities needed to perform each responsibility or task in a fully competent manner (after a reasonable training period). These knowledge, skills and abilities may be obtained in a variety of ways-through formal education, technical training and on-the-job or other experiences. Be sure to include knowledge of laws, codes, rules or ordinances you must apply in your work.

Examples:

Knowledge of state, and local regulations, and District policies and practices pertaining to school attendance and the enforcement of attendance policies.

Skill in performing highly detailed data entry rapidly and accurately.

Ability to interpret, explain and apply attendance rules, regulations, policies and procedures.

2. List any special licenses or certificates required.

Equipment and materials used

List any equipment, special tools, devices, computer software or other materials you are expecting to use or operate to carry out each of the functions or responsibilities you describe. It is not necessary to list basic office equipment, such as copiers, fax machines or calculators, or tools that are standard for the general types of work you perform.

Completing Page 6

Physical and Mental Demands and Environmental Conditions

In this section, you are asked to describe the physical and mental demands that are involved as you carry out the responsibilities you have listed. You are also asked to describe the environmental conditions that are present in the work setting in which you carry out your work functions. The information you provide is very important for ensuring the District is complying with the Americans with Disabilities Acts.

In completing this section, think about the functions and responsibilities you perform on a daily basis. Check the boxes in each of the areas of physical and mental demands and environmental conditions that are involved in carrying out those duties.

If there are any physical and mental demands or environmental conditions involved in carrying out your assigned responsibilities that are not listed, please be sure to record in the Additional Information section of your questionnaire.

**SAN BERNARDINO CITY UNIFIED SCHOOL DISTRICT
CLASSIFIED POSTION DESCRIPTION QUESTIONNAIRE (PDQ)**

Please use additional paper if necessary.

Background Information

Name: _____ Current Classification _____

School/Site _____ Work hours: _____

Office/department: _____ Phone Number: _____

Work Hours from: _____ to: _____

Name & title of immediate manager/supervisor: _____

Length of time in present position: _____

If you are a supervisor or manager:

Name(s) of unit(s) you supervise: _____

Total # of direct reports: _____ Total # of employees in units you supervise _____

Job Purpose

Briefly summarize what you do. What are the primary work outputs you are responsible for producing?

Why is this work done? Describe the office/department objectives your job contributes to achieving.

Statement of Essential Duties: _____

Position Functions & Responsibilities (List major task for each function performed)	% Time	Knowledge, Skills & Abilities Required; Special Licenses or Certificates	Equipment/Tools or Materials Used
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Check to add up to 100%

100%

Think about the duties you perform on a daily basis, then check the applicable boxes for the Physical and Mental Demands and Environmental Conditions that are involved in carrying out those duties.

<p><i>Physical Activity</i></p> <p>___ Stand</p> <p>___ Walk</p> <p>___ Sit</p> <p>___ Talk</p> <p>___ Use hands to finger, handle or feel</p> <p>___ Repetitive movement of hands, wrists or feet</p> <p>___ Climb or balance</p> <p>___ Stoop, kneel, bend, crouch, or crawl</p> <p>___ Reach with hands or arms</p> <p>___ Taste or smell</p> <p>___ Drive a vehicle</p>	<p><i>Weight Lifted or Force Exerted in Pushing, Pulling or Throwing</i></p> <p>___ Up to 10 pounds</p> <p>___ 11 to 25 pounds</p> <p>___ 26 to 50 pounds</p> <p>___ 51 to 100 pounds</p> <p>___ Over 100 pounds</p>	<p><i>Vision Requirements</i></p> <p>___ Close vision (20 inches or less)</p> <p>___ Distance vision (20 feet or more)</p> <p>___ Use of both eyes (field of vision)</p> <p>___ Ability to distinguish basic colors and/or shades</p> <p>___ Depth perception</p> <p>___ Peripheral vision</p> <p>___ Ability to adjust focus</p>
<p><i>Hearing Requirements</i></p> <p>___ Ability to hear telephone conversations</p> <p>___ Ability to hear in-person conversations under normal office conditions</p> <p>___ Ability to hear signal warnings while operating and/or working around moving equipment</p> <p>___ Ability to differentiate operating equipment sounds</p>	<p><i>Mental Demands (Learned mental skills or conditions that call for mental discipline)</i></p> <p>___ Oral communication</p> <p>___ Written Communication</p> <p>___ Read documents or instruments</p> <p>___ Analyze and solve problems</p> <p>___ Interpret data or information</p> <p>___ Observe</p> <p>___ Use math/mathematical reasoning</p> <p>___ Learn and apply new information or skills</p> <p>___ Highly detailed work</p> <p>___ Changing, intensive deadlines</p> <p>___ Constant interruptions</p> <p>___ Multiple, concurrent tasks</p> <p>___ Customer/citizen contact</p> <p>___ Deal with dissatisfied/abusive individuals</p>	<p><i>Environmental (Working) Conditions</i></p> <p>___ Wet, humid conditions (non- weather)</p> <p>___ Work near moving mechanical parts</p> <p>___ Work near moving equipment</p> <p>___ Work near heavy traffic</p> <p>___ Work on ladders/scaffolding or in high, precarious places</p> <p>___ Work in confined spaces</p> <p>___ Fumes or airborne particles</p> <p>___ Toxic or caustic chemicals</p> <p>___ Biological hazards</p> <p>___ Outdoor weather conditions</p> <p>___ Extreme heat and cold</p> <p>___ Risk of electrical shock</p> <p>___ Risk of radiation</p> <p>___ Exposure to heavy vibration</p> <p>___ Loud or prolonged noise levels</p> <p>___ Work on uneven or slippery surfaces</p>

Problem-Solving and Decision-Making

Describe briefly the typical problems you are responsible for analyzing, evaluating and resolving. What reference (policies, guides, other people, etc.) do you use in reaching conclusion and crating solutions?

Give examples of decision you are allowed to make and ones on which your supervisor or manager must give final approval.

Additional Information

Please review your questionnaire to be sure it fully describes all important aspects of your responsibilities and job requirements. Provide additional information here on any aspect of your position not adequately covered by the previous questions.

Employee Signature

The information provided in this questionnaire is complete and accurate to the best of my knowledge.

Signature

Date

**San Bernardino City Unified School District
Supplemental Position Description Questionnaire-(PDQ)
To Be Completed by: Manager/Supervisor**

Basis for a reclassification is a gradual accreditation of duties over at least a two year (or greater period of time.) Please carefully review the completed employee Position Description Questionnaire (PDQ) and be sure that it gives a complete and accurate picture of the employee's responsibilities, job requirements and working conditions.

Please do not edit, modify or change the employee's questionnaire. Since this is not performance review, do not make comments about employee performance.

Immediate Supervisor's or Manager's Review

If you are satisfied that the PDQ accurately and completely reflects all important aspects of the employee's position, simply complete the questions below. If additional information is needed to ensure all important aspects of the position are covered, please describe them in the space provided below, making specific reference to items in the questionnaire that need to be revised. **Do not** change information on the PDQ itself; inform employee of a significant differences.

Questions to be completed by Immediate Supervisor or Manager

1. In your words, what is the primary function or purpose of this job in relation to the mission, goals and objectives of the department or office?
2. What do you consider this position's most important responsibility or performance result?
3. After appointment, how long does it take the average new employee to become proficient in this position?

4. If this position was vacant and you were looking for a new employee, describe briefly the three most important qualifications you would consider indispensable.

5. List the name(s) and classifications title(s) of other employees performing the same duties or the same functions at the same level as this position. If more than six, group together classification titles and numbers of positions.

6. Do you believe this position is the right job classification? _____ Yes _____ No. If no, what are your reasons and what classification do you believe would be more appropriate?

7. What discussions have you had with this employee about your classification concerns?

8. Has any special accommodation been made to enable this employee to perform his/her job?

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

Your signature acknowledges that you have reviewed the employee's position description questionnaire and does not indicate you support or approve for the reclassification.

Supervisor or Manager Signature _____ Date _____

Phone # _____