

*Personnel Commission  
Position Description Questionnaire*

The purpose of this questionnaire is to obtain information about your position. The information derived from your responses will contribute to updating your classification specification and assist in our ability to understand your position.

**Section V Job Identification**

Please complete all information requested in this section.

**Section II: Why Does the Position Exist?**

Please describe the primary purpose of your position in this section.

**Section III: Primary Job Duties**

This section of the form should describe the primary job duties of your position.

Include a break down of the primary job duties, frequency and the percent of time spent on those duties. For example:

- A. Performs a variety of secretarial and clerical duties (Daily) - 60%
- B. Organizes inter-office communications (Daily) - 20%
- C. Maintains office calendar (Monthly) - 20%

**Section IV: Job Requirements**

Please determine the level of education, training and experience needed to successfully perform the duties of your position.

**Section V- Position Analysis**

This section of the form addresses requirements of your position in the areas of: Job Knowledge and Skills, Decision Making, Supervisory Responsibilities, Work Guidelines, Work Aids, Complexity, Judgment and Problem Solving, Budgetary Responsibilities, Communications, and Work Conditions.

**Section VI & VII: Signatures and Comments**

Please sign and date the questionnaire and provide any additional information if necessary in the comment area. **The supervisor and site manager must review and sign the questionnaire.**

Your input and effort in completing the questionnaire are important. If you have any questions, please contact the Personnel Commission at (626) 931-7984. Thank you for your cooperation.

Please return the completed Position Description Questionnaire form to the Personnel Commission.

Sincerely,  
Personnel Commission



*Bassett Unified School District  
Personnel Commission  
Position Description Questionnaire*

**1. JOB IDENTIFICATION**

Employee's Name:	
Current Classification Title:	
Work Telephone Number:	
Work Unit:	
Work Site:	
Supervisor's Name:	
Supervisor's Classification Title:	
Supervisor's Work Telephone Number:	

**2. WHY DOES THE POSITION EXIST?**

Please describe in two or three sentences the primary purpose of this position.

Example: The purpose of this position is to perform a wide variety of administrative and clerical duties for an administrator and to assist with budget preparation and special projects.

### III. PRIMARY JOB DUTIES

Provide the primary job duties, frequency and percent of time. Do not include temporary assignments, duties performed only due to the absence of another employee, or those duties that may be assigned in the future. The total of all duties should not exceed 100%. Use the following scale for frequency: D=Daily, W=Weekly, M= Monthly Q = Quarterly, S= Semi-annually, or A= Annually. Attach Additional pages if necessary.

Primary Job Duties	Frequency	Percent
<b>Example</b> Assists with budget preparation, analysis and tracking	M	10%
1.		
2.		
3.		
4.		
5~		
6.		
7.		
8.		
9.		
10.		

Maximum 100%

**IV. JOB REQUIREMENTS**

**A. Education and Training**

1. What is the minimum formal education level required to perform the duties of this position? (Please check the appropriate box.)

- |  |  |
|--|--|
| <input type="checkbox"/> Less Than High School                                 | <input type="checkbox"/> Bachelor's Degree or Equivalent |
| <input type="checkbox"/> High School Diploma/GED                               | <input type="checkbox"/> Master's Degree or Equivalent   |
| <input type="checkbox"/> One Year Certificate from College or Technical School | <input type="checkbox"/> Doctorate Degree or Equivalent  |
| <input type="checkbox"/> Associate's Degree or Equivalent                      |  |

2. What minimum additional training (e.g., certification program or licensing requirement), if any, is needed in order to perform this job successfully?

**B. Experience**

1. What is the minimum job-related experience required to perform the duties of this position? (Please check the appropriate box.)

- |  |  |
|--|--|
| <input type="checkbox"/> No experience required                      | <input type="checkbox"/> Three to four years |
| <input type="checkbox"/> Six months or less                          | <input type="checkbox"/> Five to six years   |
| <input type="checkbox"/> More than six months but less than one year | <input type="checkbox"/> Seven to nine years |
| <input type="checkbox"/> One to two years                            | <input type="checkbox"/> Ten years or more   |

**V. POSITION ANALYSIS**

**A. Job Knowledge and Skills**

1. What job knowledge and skills are required to successfully perform the duties of this position?

**Example:** Knowledge of basic budgetary principles to assist with budget preparation and analysis and basic Arithmetic skills to make related calculations.

**B. Decision Making**

(Check only **one** of the six that **most** represents this position.)

- Position requires very *little analytical* thought or independent decision making. Decisions made have *limited overall impact*.
- Decisions generally involved *how* to carry out an operation (i.e., sequence or method) and are generally chosen from an *available set of options or guides*.
- Moderate responsibility for decision-making, involving evaluation of information. Decision may require *developing or applying options or guides*.
- Significant responsibility for decisions and final results, *typically affecting the entire division, program or research finding*. Available guides are limited.
- Significant responsibility for decisions and final results, *affecting more than one division*. Substantial analysis is required and many factors must be weighed before a decision can be reached.
- Major responsibility for decisions and final recommendations that may result in the formulation of strategic plans of action to achieve broad objectives of the organization. Decisions made affect the long-range future of the organization. Decisions determine the scope, direction and goals of the organization.

If the level indicated is No. 3 to 6, briefly describe an example of this position's responsibility at the level indicated in response to Decision Making.

**C. Supervisory Responsibilities**

1. How is this position's work assigned and reviewed?

**Example:** The supervisor assigns work in terms of basic priorities. The work is reviewed for accuracy through spot checks and through observation of employee at work.

2. Does this position have supervisory responsibility? Yes  No

If YES, please continue If NO, you may proceed to D Guidelines for Work

3. List the names and job titles of individuals this position directly supervises and, where applicable, the number of staff directly supervised by these individuals.

Person(s) You Directly Supervise	Employee's Job Title

4. If this position involves leadership, supervisory, or managerial responsibilities for other staff, check below the responsibilities assigned to this position on an on-going basis. Then enter the level of involvement in supervising/managing employees. Use the following scale for the level of involvement: G = Give Input, R = Recommend, or F = Final Approval

Work/Team Leader	Level of Involvement	Supervisor/Manager	Level of Involvement
Instruct/mentor staff		Employee Leave	
Assign work to staff		Resolve formal	
Review work of staff		Select new employees	
Plan work of staff		Transfer action	
Maintain work standards		Disciplinary action	
Coordinate staff activities		Discharge action	
Relocate/schedule staff		Adjust salary of staff	
Counsel employee problems		Evaluate performance	

**D. Work Guidelines**

1. List below the types of manuals, texts, policies, rules, etc., which are referred to or used in performing the duties of this position. Beside each item, briefly describe the purpose for which it is referred to.

Type of Manual, Text, Policies, Rules, etc	Purpose for which it is Referred to

**E. Work Aids**

1. Please list the equipment, tools, or work aids that this position uses on a regular basis. Beside each item, briefly describe the purpose for which it is used.

Type of Work Aids	Purpose for Use

**F. Complexity, Judgment, and Problem Solving**

(Check only **one** of the six that **most** represents this position.)

- 1.  Work is of a relatively routine nature; requires only the ability to understand and follow instructions.
- 2.  Work involves a choice of action within limits of standard policy and procedures.
- 3.  Work requires judgment in the adaptation and interpretation of established practices, procedures, theories, and/or concepts to solve problems and situations for which the solution is not clearly defined.
- 4.  Work is governed generally by broad instructions and objectives usually involving frequently changing conditions and problems with *some* judgment, initiative, creativity, and/or ingenuity.
- 5.  Work requires the ability to plan and perform involved or technical work presenting new or regularly changing problems, work from broad instruction, deal with complex factors not easily evaluated. Work requires *considerable* judgment, initiative, creativity, and/or ingenuity in areas where there is little previous example.
- 6.  Work requires *considerable* judgment, initiative, creativity, and/or ingenuity. Work requires the ability to act *independently* in the formulation and administration of policies and programs for major divisions or functions.

(Check only one of the five that **most** represents this position.)

- 1.  Structured work, following a limited variety of clearly prescribed standard practices.
- 2.  Generally structured work.
- 3.  Work is generally diversified and moderately difficult.
- 4.  Work is typically difficult or complex.
- 5.  Work is extremely difficult and complex.

**If the levels indicated are No. 3 to 6 and No. 3 to 5 respectively, briefly describe an example of this position's responsibility at the levels indicated.**

**G. Budgetary Responsibilities**

1. Please describe any budgetary responsibility or authority associated with this position

**H. Communications**

1. List those persons or groups and their level of contact that this position communicates with in the performance of the job duties. Also state the purpose for which the communication and/or interaction occurs and its frequency. Exclude direct and indirect supervisors. Use the following scale for frequency: D = Daily, W= Weekly, M=Monthly, Q =Quarterly, S = Semi-annually, or A =Annually.

Person or Group Contact:	Level of contact	Purpose of Contact	Frequency

1. **Work Conditions**

1. Check **aLL** the work environment conditions, which typically exists during the performance of this position and note the frequency of each. Use the following scale for frequency: D=Daily, W=Weekly, M= Monthly, Q=Quarterly, S = Semi-annually, or A =Annually.

- |  |                            |                            |                            |                            |                            |                            |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> Lift 30 - 50 pounds             | <input type="checkbox"/> D | <input type="checkbox"/> W | <input type="checkbox"/> M | <input type="checkbox"/> Q | <input type="checkbox"/> S | <input type="checkbox"/> A |
| <input type="checkbox"/> Lift more than 50 pounds        | <input type="checkbox"/> D | <input type="checkbox"/> W | <input type="checkbox"/> M | <input type="checkbox"/> Q | <input type="checkbox"/> S | <input type="checkbox"/> A |
| <input type="checkbox"/> Detailed Visual Work            | <input type="checkbox"/> D | <input type="checkbox"/> W | <input type="checkbox"/> M | <input type="checkbox"/> Q | <input type="checkbox"/> S | <input type="checkbox"/> A |
| <input type="checkbox"/> Finger/Hand Manipulation        | <input type="checkbox"/> D | <input type="checkbox"/> W | <input type="checkbox"/> M | <input type="checkbox"/> Q | <input type="checkbox"/> S | <input type="checkbox"/> A |
| <input type="checkbox"/> Mechanical or Electrical Hazard | <input type="checkbox"/> D | <input type="checkbox"/> W | <input type="checkbox"/> M | <input type="checkbox"/> Q | <input type="checkbox"/> S | <input type="checkbox"/> A |
| <input type="checkbox"/> Heat/Cold                       | <input type="checkbox"/> D | <input type="checkbox"/> W | <input type="checkbox"/> M | <input type="checkbox"/> Q | <input type="checkbox"/> S | <input type="checkbox"/> A |
| <input type="checkbox"/> Dirt/Dust                       | <input type="checkbox"/> D | <input type="checkbox"/> W | <input type="checkbox"/> M | <input type="checkbox"/> Q | <input type="checkbox"/> S | <input type="checkbox"/> A |
| <input type="checkbox"/> Fumes/Odors                     | <input type="checkbox"/> D | <input type="checkbox"/> W | <input type="checkbox"/> M | <input type="checkbox"/> Q | <input type="checkbox"/> S | <input type="checkbox"/> A |
| <input type="checkbox"/> Keyboarding                     | <input type="checkbox"/> D | <input type="checkbox"/> W | <input type="checkbox"/> M | <input type="checkbox"/> Q | <input type="checkbox"/> S | <input type="checkbox"/> A |
| <input type="checkbox"/> Poor Lighting                   | <input type="checkbox"/> D | <input type="checkbox"/> W | <input type="checkbox"/> M | <input type="checkbox"/> Q | <input type="checkbox"/> S | <input type="checkbox"/> A |
| <input type="checkbox"/> Confined Spaces                 | <input type="checkbox"/> D | <input type="checkbox"/> W | <input type="checkbox"/> M | <input type="checkbox"/> Q | <input type="checkbox"/> S | <input type="checkbox"/> A |
| <input type="checkbox"/> Hearing Strain                  | <input type="checkbox"/> D | <input type="checkbox"/> W | <input type="checkbox"/> M | <input type="checkbox"/> Q | <input type="checkbox"/> S | <input type="checkbox"/> A |
| <input type="checkbox"/> Elevated Heights                | <input type="checkbox"/> D | <input type="checkbox"/> W | <input type="checkbox"/> M | <input type="checkbox"/> Q | <input type="checkbox"/> S | <input type="checkbox"/> A |
| <input type="checkbox"/> Disruptive, difficult people    | <input type="checkbox"/> D | <input type="checkbox"/> W | <input type="checkbox"/> M | <input type="checkbox"/> Q | <input type="checkbox"/> S | <input type="checkbox"/> A |
| <input type="checkbox"/> Work-related Travel             | <input type="checkbox"/> D | <input type="checkbox"/> W | <input type="checkbox"/> M | <input type="checkbox"/> Q | <input type="checkbox"/> S | <input type="checkbox"/> A |

Please explain:

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Other work-related conditions

Please explain:

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**VI. EMPLOYEE SIGNATURE AND COMMENTS:**

Employee's Signature:	Date:
Please describe other characteristics of your work that have not been covered in this questionnaire.	

**VII. SUPERVISOR'S AND SITE MANAGER'S SIGNATURES AND COMMENTS**

Please review the employee's responses carefully to determine if the employee is providing an accurate and complete description of the position. If you disagree with the statements or pertinent information is missing, please list the section and provide your comments below. Your input is essential in ensuring the information provided is an accurate reflection of the job. The employee's work performance will not be considered in the classification review of this position. **DO NOT CHANGE ANY OF THE EMPLOYEE'S RESPONSES.**

Section	Supervisor's Comments	
Supervisors Signature-		Date

Section	Site Manager's Comments	
Site Manager's Signature		Date

Please return the completed Position Description Questionnaire form to:

Personnel Commission  
 Flanner, Room 12  
 1314 N. Le Borgne  
 La Puente, CA 91746