

New Hanover County

POSITION DESCRIPTION QUESTIONNAIRE (PDQ)

I. BACKGROUND (Please print clearly or type ) (Help? - Click here and hold mouse)

Reason for completing this form :  New Position  Reclassification  Salary Upgrade

Name:	Date:
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Current Job Title:	Dept.:	Phone:
Supervisor's Name:	Supervisor's Title:	Supervisor's Phone:
Total Time in Current position : Year(s); Month(s)	Normal Work Hours : Start: AM Finish: PM Do hours vary ?	Work Week: If "part-time", please indicate number of hours/week:

II. POSITION SUMMARY (Help? - Click here and hold mouse)

To provide administrative support to the Tuberculosis Control Program and various programs within the health department. Support functions include: word processing, database maintenance, receptionist duties (answering and directing calls, greeting patrons, providing info), mail processing, filing, creating reports, copying, faxing, taking minutes at meetings, and other duties of a similar nature.
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III A. ORGANIZATION RELATIONSHIPS (Help? - Click here and hold mouse)

(1) Your Supervisor's Title (Reminder - Click here and hold mouse)

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Your Title

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(2) Coworkers: Other Positions that Report to Your Manager/Supervisor (Titles only ; not names)	(3) Positions that Report to You (only those over which you have full managerial/supervisory authority .	Number of People Per Position at Left [from (3)]



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IV. ESSENTIAL DUTIES

Essential Duties	Decisions Required	Frequency D W M Q A O	% of Time
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

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V. SUPERVISION GIVEN (Help? - Click here and hold mouse)

Place an "X" if applicable	PHRASES	No. of Employees
	I do not officially supervise other County employees (sign performance reviews).	
	I evaluate and sign performance reviews of other regular (non-temporary) employees.	
	I evaluate and sign performance reviews of part-time, temporary or contract employees.	
	I instruct other employees in methods or procedures needed to carry out their job (how to carry out their assigned duties).	
	I make work assignments for others.	
	I make hiring and hiring pay recommendations.	
	I make hiring and hiring pay decisions.	
	I recommend pay changes.	
	I recommend termination for poor performance.	
	I make termination decisions.	
	I provide advice to peers that they must consider carefully before making a decision. Example:	
	I provide information to supervisors/management that they use in making a decision. Example:	

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### VI. PROBLEM SOLVING (Help? - Click here and hold mouse)

a.	
b.	

### VII. NATURE OF ASSIGNMENTS (Help? - Click here and hold mouse)

1. If I see the need, I can change the following without my supervisor 's approval:

Place an "X" if applicable	ITEMS I CAN CHANGE	EXAMPLE
<input type="checkbox"/>	The objectives I am trying to achieve (Refer to page 1, Position Summary for the objectives).	
<input type="checkbox"/>	The means for achieving the objectives of my job (i.e., my work methods or procedures of my work plan).	U
<input type="checkbox"/>	The way assigned work methods are carried out (i.e., the order or frequency of my duties).	

2. Give an example of how you have modified or developed new work methods to deal with new or unusual circumstances on your job .

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### VIII. EQUIPMENT (Help? - Click here and hold mouse)

List the equipment you regularly use on your job (Examples - Click here and hold mouse). List the duty number from Section IV - Essential Duties and the equipment you use to perform that duty. (Examples - Click here and hold mouse)

DUTY	EQUIPMENT USED
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

### IX. WORKING CONDITIONS (Help? - Click here and hold mouse)

Place an "X" if applicable	CONDITION	% of TIME
	Does Not Apply. (Proceed to section X.)	
	Hazardous physical conditions (mechanical parts, electrical currents, vibration, etc.)	
	Atmospheric conditions (fumes, odors, dusts, gases, poor ventilation)	
	Hazardous materials (chemicals, oil, etc.)	
	Extreme temperatures	
	Inadequate lighting	
	Work space restricts movement	
	Intense noise	
	Travel	
	Other: Please describe:	

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X. EDUCATION AND EXPERIENCE

a). What *minimum* level of education do you believe is needed to satisfactorily perform your job ? (Not necessarily your own level of education or that which is currently stated in your job description ). Select the level that applies to your job .

If "OTHER", please explain:

b). What field (s) should training or degree be in ?

c). Are any state, federal or professional licenses or certificates *required by law or statute* to enter your job? (Examples - Click here)

If "Yes", please list:

d). What *minimum* kinds of experience are needed to enter your job ?

Type of Experience	Minimum Time Required	
	year(s)	month(s)



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XI. REQUIRED KNOWLEDGE AND SKILL (Help? - Click here and hold mouse)

a. Knowledge

	Knowledge Of:	Essential Duty #s)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

b. Skills

	Skill In:	Essential Duty #s)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

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### XII. PHYSICAL ACTIVITIES /REQUIREMENTS (Help? - Click here and hold mouse)

Frequency	Importance	Physical Activity
		<b>Climbing:</b> Ascending or descending ladders, stairs, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized. This factor is important if the amount and kind of climbing required exceeds that required for ordinary locomotion.
		<b>Balancing:</b> Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. This factor is important if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium.
		<b>Stooping:</b> Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles.
		<b>Kneeling:</b> Bending legs at knee to come to a rest on knee or knees.
		<b>Crouching:</b> Bending the body downward and forward by bending leg and spine.
		<b>Crawling:</b> Moving about on hands and knees or hands and feet.
		<b>Reaching:</b> Extending hand(s) and arm(s) in any direction.
		<b>Standing:</b> Particularly for sustained periods of time.
		<b>Walking:</b> Moving about on foot to accomplish tasks, particularly for long distances.
		<b>Pushing:</b> Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.
		<b>Pulling:</b> Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.
		<b>Lifting:</b> Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to be a considerable degree and requires the substantial use of the upper extremities and back muscles.
		<b>Fingering:</b> Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.
		<b>Grasping:</b> Applying pressure to an object with the fingers and palm.
		<b>Feeling:</b> Perceiving attributes of objects, such as size, shape, temperature or texture by touching with skin, particularly that of fingertips.
		<b>Talking:</b> Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly or quickly.
		<b>Hearing:</b> Perceiving the nature of sounds with no less than a 4 db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral communication, and to make fine discriminations in sound, such as when making fine adjustments on machined parts.
		<b>Seeing:</b> The ability to perceive the nature of objects by the eye. Seeing is important for hazardous jobs where defective seeing would result in injury and also jobs where special and minute accuracy, inspecting and sorting exist. A high degree of visual

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		efficiency, placing intense and continuous demands on the eyes by moving machinery and other objects are also considered important. Other important factors of seeing are acuity (near and far), depth perception (three dimensional vision), accommodation (adjustment of lens of eye to bring an object into sharp focus), field of vision (area that can be seen up and down or to the right or left while eyes are fixed on a given point) and color vision (ability to identify and distinguish colors).
		<b>Repetitive Motions :</b> Substantial repetitive movements (motions) of the wrists, hands and/or fingers.
<b>Frequency</b>	<b>Importance</b>	<b>Physical Requirements</b>
		<b>Sedentary:</b> Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.
		<b>Light Work:</b> Exerting up to 20 pounds of force occasionally, and/or up to 10 pounds of force frequently, and/or a negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for Sedentary Work and the worker sits most of the time, the job is rated for Light Work.
		<b>Medium Work:</b> Exerting up to 50 pounds of force occasionally, and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects.
		<b>Heavy Work:</b> Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects.
		<b>Very Heavy Work:</b> Exerting up to 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects.

### XIII. ADDITIONAL COMMENTS

Are there any additional comments that you would like to make to be sure you have described your job adequately?

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Please sign your name and enter the date below . If this questionnaire was completed by a group , be sure that all employee participants sign and date it below .

Employee Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature : \_\_\_\_\_ Date: \_\_\_\_\_

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Employee Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature : \_\_\_\_\_ Date: \_\_\_\_\_

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE . PLEASE PASS IT ON TO YOUR SUPERVISOR FOR HIS OR HER REVIEW AND COMMENTS .



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I have noted the modifications made by my supervisor in the Comments Section .

Employee Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature : \_\_\_\_\_ Date: \_\_\_\_\_

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Employee Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Department Head's Signature : \_\_\_\_\_ Date: \_\_\_\_\_