

POSITION DESCRIPTION QUESTIONNAIRE (PDQ)

CLASSIFICATION REQUEST

Please complete the PDQ, review with all incumbents and department/division personnel, make any and all changes needed to ensure an accurate representation of the position, obtain any necessary approvals as outlined in the Council and HR Requirements Matrix, and forward to your consultant. In addition, please include copies of both the incumbent's résumé and your division's most recent Organization Chart.

This request is for a: _____

Department Name: _____	Position Number: _____
Division Name: _____	Incumbent Name: _____
Division Number: _____	Incumbent EIN: _____

Information Regarding New or Current Allocation

Current Job Title/Grade: _____	Current Job Code: _____
Recommended Title/Grade: _____	New Job Code: _____
Supervisor Name/Position Number: _____	
If known, list any comparable position(s)/grade(s) that currently exist within Salt Lake County:	

Agency Budget Impact

1) There **is no** budget increase to this or subsequent year's budgets resulting from this position classification change. Please provide an explanation below:

2) There **is** an increase to this or subsequent year's budgets. Below is a summary of the budget impact. Please specify the annualized amount. _____ How is the Agency going to fund the increase?

a. Absorb the additional cost b. Submit a budget adjustment for new funding c. Other - Please explain

3) If the budget impact for this classification change is unknown at this time, what approach will the Agency take if an increase occurs?

a. Absorb the additional cost b. Submit a budget adjustment for new funding c. Other - Please explain

Business justification: Please provide a brief summary of the business justification for this request to include: background/history, what is the overall scope/goal of this request, issues you are trying to solve, objectives/solutions and impact analysis on the organization.

Position Summary: Provide a brief description (maximum of 3-4 sentences) that summarizes the overall purpose or objective of this position.

Type of Supervision Received: Which of the following best describes the level of supervision regularly provided to this position? Check the most applicable:

<input type="checkbox"/>	Initially, the employee is given specific instructions on how assignments are to be completed and the sequence of work steps to be employed. Once the employee becomes more experienced, the employee carries out recurring assignments without specific instructions and refers unfamiliar situations to supervisor for assistance. Work is reviewed on a regular basis.
<input type="checkbox"/>	The employee determines own work sequence within the limits of established policy, practices, and procedures. Work is evaluated periodically and upon completion.
<input type="checkbox"/>	The employee determines own work methods and solves problems utilizing technical/specialized knowledge and/or experience resulting in minimal supervision while work is in progress. The supervisor only intercedes and provides direction for new or unusual problems which involve deviations from normal policies, procedures, and work methods.
<input type="checkbox"/>	The employee operates under broad administrative direction and is given responsibility for independently planning, designing, and carrying out programs, projects and studies in accordance with broad policy statements and/or legal requirements. The employee keeps the supervisor apprised of progress.

Budgetary Responsibility and/or Budgetary Impact:

Does the employee: Prepare a budget? <input type="checkbox"/> Yes <input type="checkbox"/> No Administer a budget? <input type="checkbox"/> Yes <input type="checkbox"/> No
If so, what is the dollar amount of the budget that is prepared and/or administered by the employee?
If not, describe how the essential functions may impact the department/division's budget:

Essential Functions: Describe the duties and responsibilities that, if not performed, the position would not exist. Arrange these functions in order of importance (most important functions listed first) or in the sequential manner in which the duties are performed. Estimate the average percentage of time spent on each function, totaling 100%. Use as many or as few boxes as you need, but there should not be more than 13.

Essential Functions	% of Time

Minimum Requirements: List the amount and type of education and/or years of experience required to perform the work at the entry level. Also list any licenses, certifications, etc., *required* (at minimum) for this position.

Knowledge, Skills and Abilities (KSAs) Required: Describe the things that the employee needs to know at entry level for this position (knowledge) and the things the employee needs to be able to do (skills and abilities). If a link cannot be made between a KSA and an essential function, do not include it in this section.

Working Conditions and Physical Requirements: List the working conditions (ex: exposure to unusual elements, such as extreme temperatures) and physical requirements (ex: requires heavy physical work, such as lifting, pushing, or pulling objects up to 50 pounds, walking, bending, etc.) that are essential to perform this job.

Additional Comments: Provide any additional information that would help us to better understand this position.

Incumbent Certifies the Position Description is an Accurate Reflection of Duties

Have incumbent sign below, then forward the approved PDQ to your HR Consultant. Incumbents may wish to print a copy for their records. Use one form per incumbent.

By signing below, I certify that I have read and have received a copy of the above position description and agree that it is a fair representation of the expected/current essential functions of the position with Salt Lake County.

I agree with the above position description.

I disagree with the above position description.

Signature: _____

INCUMBENT AND SUPERVISOR NOTES
(Attach additional/supporting documents as needed)

Department/Division Approval Signatures

By providing approval and electronically signing below, this certifies that the PDQ is a fair representation of the expected/current essential functions of the position, and that any budgetary impact has been addressed.

Elected Official or Deputy Mayor	Approved: Yes No	Signature:
Department Director	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature:
Division Director	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature:
Fiscal Manager	Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Signature:

Supervisor Name and Phone Number _____

*Signed forms should be submitted to Human Resources using the [HR Request Form](#). Along with the signed PDQ include the following with your request current and proposed organization charts, for new positions draft of Job Descriptions.

HR Business Partner Contact Information

HR Business Partner	E-Mail	Phone
Tracy Byington	tbyington@saltlakecounty.gov	(385) 468-0577
Martinha Penrod	mpenrod@saltlakecounty.gov	(385) 468-0592
Stephanie Ross	smross@saltlakecounty.gov	(385) 468-0589
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