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| logo_150_bt | | | | | | | | | | **POSITION DESCRIPTION**  **OFFICE OF HUMAN RESOURCES** | | | | | | | | | |
| Position Title: | | | |  | | | | | | | | | | | Position No.: | | | |  |
| This position is  Administrative Staff | | | | | | | | | | | | | | | | | | | |
| Professional Staff | | | | | | | | | | | | | | | | | | | |
| Civil Service, System Number N      (if applicable) | | | | | | | | | | | | | | | | | | | |
| Employee Name | | | | | |  | | | | | | | | Banner ID: | | |  | | |
|  | | | | | | | | | | | | | | | | | | | |
| Reason for Request: | | | | | | | | | | | | | | | | | | | |
|  |  | New PDQ | | | | | | | | | | | | | | | | | |
|  | |  | | | | | New Position | | | | | | | | | | | | |
|  | |  | | | | | Existing position vacant and duties revised | | | | | | | | | | | | |
|  | |  | | | | | Existing position, current incumbent, duties and title revised | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
|  |  | Annual Evaluation | | | | | | | | | | | | | | | | | |
|  |  | Position Description, Not for Ranking | | | | | | | | | | | | | | | | | |
|  |  | Other: | | | | | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| PDQ Status | | | | | | | | | | | | | | | | | | | |
|  |  | New PDQ written by supervisor | | | | | | | | | | | | | | | | | |
|  |  | Original PDQ written by the incumbent | | | | | | | | | | | | | | | | | |
|  |  | Modified PDQ written by the supervisor | | | | | | | | | | | | | | | | | |
|  |  | Modified PDQ written by the incumbent | | | | | | | | | | | | | | | | | |
|  |  | Other: | | | | | | |  | | | | | | | | | | |
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| Request for Rating or Review | | | | | | | | | | | | | | | | | | | |
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| *The contents of this questionnaire are an accurate and complete representation of the position.* | | | | | | | | | | | | | | | | | | | |
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| Employee | | | | |  | | | | | | |  | | | |  | |  | |
|  | | | | | Signature | | | | | | | Typed Name | | | |  | | Date | |
|  | | | | | | | | | | | | | | | | | | | |
| Supervisor | | | | |  | | | | | | |  | | | |  | |  | |
|  | | | | | Signature | | | | | | | Typed Name | | | |  | | Date | |
|  | | | | | | | | | | | | | | | | | | | |
| Dean / Director | | | | |  | | | | | | |  | | | |  | |  | |
|  | | | | | Signature | | | | | | | Typed Name | | | |  | | Date | |
|  | | | | | | | | | | | | | | | | | | | |
| Vice Chancellor or Delegate | | | | |  | | | | | | |  | | | |  | |  | |
|  | | | | | Signature | | | | | | | | Typed Name | | |  | | Date | |
|  | | | | | | | | | | | | | | | | | | | |
| Note: There will be no review performed without Vice Chancellor approval. | | | | | | | | | | | | | | | | | | | |
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| Rec’d by HR: | | |  | | | | | | | | Reviewed by PDQ Committee: | | | | |  | | | |

**SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE**

**SUMMARY OF CHANGES IN DUTIES & RESPONSIBILITIES**

**(only for PDQs previously reviewed)**

|  |  |
| --- | --- |
| Department: |  |
| Position Title: |  |
| In support of the position review requested by the appropriate supervisor and/or employee, please summarize the **permanent** changes made in the position that have prompted this request. | |
|  | |
| **Nature of Change (Add/Delete/Revise)** | |
|  | |
| **Duty/Task/Responsibility/Function (Define and Explain)** | |
|  | |
| **Reason for Change** | |
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| POSITION DESCRIPTION QUESTIONNAIRE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Position Title: | | |  | | | | | | | | | | | | | | | Date: | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employee Name: | | | | |  | | | | | | | | Banner ID: | | | |  | | | | | | Campus Ph: | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Division(s): | |  | | | | | | | | | | | | Department(s): | | | | | |  | | | | | | |
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| Immediate Supervisor’s Title: | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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| Immediate Supervisor’s Name: | | | | | | | |  | | | | | | | | | | | | | | | | | | |
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| Other Positions Who Assign Work: | | | | | | | | |  | | | | | | | | | | | | | | | | | |
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| Completed by: | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | (If other than employee) | | | | | | | | | | | | | | | | | | | | | | |
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| Primary Purpose of Position Briefly describe the basic purpose of the position. Include duties, products and services, as well as who benefits from them and how. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Organizational Relationships:** Define the Organizational Structure from the Vice Chancellor to this position or attach a current organizational chart. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Key Duties and Responsibilities Summarize the major duties and responsibilities regularly performed and normally assigned to your position. Beside each, indicate the “% of Time” normally spent on each activity over the course of a normal year. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Duty / Responsibility | | | | | | | | | | | | | | | | | | | | | | | | % of Time | | |
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|  | | | | | | | | | | | | | | | | | | | | | | | | Total = 100% | | |
| Knowledge and Skills Describe any specialized knowledge, skills, certifications, or accreditation required on a regular basis to perform the duties of your position - - i.e., years of experience/education, etc**. If a degree is required, please indicate if specific academic preparation is needed to do the job or if it is a generic requirement for that level of education.** While your own qualifications may exceed the actual position requirements, please include only those required by the position. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| References / Resources Please indicate how assignments are received and what sources are available to assist you in performing your job – i.e., written or verbal instructions, past practices, department procedures, standard policy, etc. Describe the degree of applicability and specificity of available guidelines to the work performed and the employee's responsibility for adhering to or deviating from the guidelines. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Accountability / Responsibility**  Please provide information that will help to measure or describe the scope of your position’s responsibility and its impact on the function of the University– i.e., budget authorization limits, degree of planning and organization, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Employees Supervised List the title of all positions that report directly to you and the head count for each position supervised. Also indicate if you have the authority to hire, fire and discipline (HFD) the employees or if you only direct their work (DW). For example:  Secretary III 3 (DW)  File Clerk 4(HFD) | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Position Title | | | | | | | | | | | Number of Employees | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | Full Time Staff | | | | Part Time Staff | | | | | | Grad Assistant | | | | Student | |
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| TOTALS | | | | | | | | | | |  | | | |  | | | | | |  | | | |  | |
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| At any one time over the course of a year, what is the range of employees that report to you | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Directly |  | | | | | or indirectly? | | | |  | | | | | |  | | | | | | | | | | |
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| Also, please indicate how this position is supervised. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| List other positions located in your immediate work area. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Problem Solving / Decision Making Give two short examples of work-related problems or situations and indicate the action normally taken to resolve them – i.e., consult supervisor, refer to manual, recommend solution subject to approval, etc. Describe whether you recommend action to others or make final decision. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Problem Situation | | | | | | | | | | | | Action Taken | | | | | | | | | | | | | | |
| Most Typical: | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| Most Complex: | | | | | | | | | | | |  | | | | | | | | | | | | | | |
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| Key Working Relationships  Indicate those positions, departments, groups (including students), and committees within SIUE (but outside your immediate work area) and those individuals, agencies, vendors, etc., outside SIUE with which you have a regular working relationship. Note the frequency (daily, weekly, etc.) of contact and indicate the nature or purpose of the contact. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Internal | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Contacts | | | | | | | | | Frequency | | | | | | | | | | Nature/Purpose of Contact | | | | | | | |
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| **External** | | | | | | | | |  | | | | | | | | | |  | | | | | | | |
| Contacts | | | | | | | | | Frequency | | | | | | | | | | Nature/Purpose of Contact | | | | | | | |
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| Additional Information  Describe any other aspects of your position that are important and have not been covered by the previous questions. For example, use this area to note any special physical or mental requirements for your position, including exposure to any risks or hazards in the work environment. | | | | | | | | | | | | | | | | | | | | | | | | | | |