
Office of Human Resources | Box 1040 | Edwardsville, IL 62026 | Phone: 618.650.2190 | Fax: 618.650.2696

Employee's Name (Last, First): _____ Banner ID: 800 _____

Position Information:

Position Title: _____

This position is Administrative Staff

Professional Staff

Civil Service, System Number (if applicable): N _____

Reason for PDQ:

Newly Created Position

Existing Position Duties Revised

Annual Evaluation

Requested by HR for State Universities Civil Service System Compliance

Newly Hired Employee

Action Requested:

Review for Title Classification

Request an Audit

Request Ranking

None (no changes to PDQ, for updated signatures only) **NO VC SIGNATURE REQUIRED**

Other: _____

The contents of this questionnaire are an accurate and complete representation of the position.

Employee: _____
Signature _____ Typed Name _____ Date _____

Supervisor: _____
Signature _____ Typed Name _____ Date _____

Dean / Director: _____
Signature _____ Typed Name _____ Date _____

NOTE: Vice Chancellor signature is only required for a newly created position or if changes have been made.

| |
|--|
| Vice Chancellor or Delegate: _____ Signature _____ Typed Name _____ Date _____ |
|--|

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

POSITION DESCRIPTION QUESTIONNAIRE

Position Title: _____ Date: _____

Employee Name: _____ Banner ID: _____ Campus Phone: _____

Division(s): _____ Department(s): _____

Immediate Supervisor's Title: _____

Immediate Supervisor's Name: _____

Other Positions Who Assign Work: _____

Completed by: _____
(If other than employee)

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.

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: | |

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.