

**MARYLAND STATE JUDICIARY
POSITION DESCRIPTION QUESTIONNAIRE**

PART I. IDENTIFYING POSITION INFORMATION

1. PIN	2. Class Code/Grade	3. Overtime Status <input type="checkbox"/> Non-Exempt (cash overtime) <input type="checkbox"/> Exempt (earns comp)
4. Employee's Name Last: First : Middle Initial:		
5. Class Title	6. Working Title	7. Division, Unit, or Section
8. Work Location/Address	9. Name and Title of Immediate Supervisor	
10. How long have you been performing the duties of this position?	11. Work Schedule (Check all that apply) <input type="checkbox"/> Permanent Day Shift <input type="checkbox"/> Rotating Shift <input type="checkbox"/> Permanent Evening Shift <input type="checkbox"/> Full Time <input type="checkbox"/> Permanent Night Shift <input type="checkbox"/> Part Time ___ Hours Per Week	

NOTE: IF ADDITIONAL SPACE IS NEEDED IN ANY SECTION, PLEASE ATTACH ADDENDUM PAGE (S). PLEASE CITE THE PDQ PART AND SECTION AT THE BEGINNING OF EACH CONTINUATION.

PART II. POSITION FUNCTIONS

A. MAIN PURPOSE OF THE JOB

Summarize the main purpose of this position in a few sentences.

B. ESSENTIAL JOB FUNCTIONS AND OTHER ASSIGNED DUTIES

Describe the essential duties of the job. Essential duties are defined as duties that must be performed to meet the purpose of the job.

- List the essential duties starting with the most important and/or most frequently performed.
- Make the descriptions of work so clear that persons unfamiliar with the work can understand them.
- Attach extra pages if needed and label as page 2a, 2b, etc.
- Remember to include duties that may occur only annually or seasonally.
- In the frequency column, list the percent of time, over the course of a year, spent on each essential duty. The total of all percentages must equal 100%.
- In the importance column, rate on a scale of 1-3 how important each essential duty is with (1) = somewhat important, (2) = very important, and (3) = most important.

Essential Duties and Responsibilities	Frequency	Importance
<i>Example: Distribute work to employees each morning to be worked on a daily basis</i>	30%	3
	TOTAL = 100%	

PART III. PRIMARY FACTORS

FACTOR 1: KNOWLEDGE, COMPLEXITY and FINANCIAL AND BUDGETARY RESPONSIBILITY

A. Knowledge:

- List the knowledge, skills, abilities, and experience required for full performance of the job.
- What do you consider the minimum level of education required to perform the job?
- List licenses and certificates needed to do the job.

Knowledge, Skills & Abilities:		
Minimum level of education required:		
<input type="checkbox"/> High School or GED	<input type="checkbox"/> BA/BS degree	<input type="checkbox"/> Trade or Vocational School
	in: _____	in : _____
<input type="checkbox"/> Some College or AA degree	<input type="checkbox"/> MA/MS degree	<input type="checkbox"/> Other
in: _____	in : _____	specify: _____
Licenses and Certificates required:		
Experience and special training:		

B. Complexity:

- Give examples the most difficult problems that typically arise during the course of work and the manner in which you respond to them.

Example #1 of difficult problems and the way you respond to them:

Example #2 of difficult problems and the way you respond to them:

C. Financial and Budgetary Responsibility:

Give examples of financial transactions, budgetary involvement or responsibility and any other financial, procurement, contract administration, etc. that is required by the position.

D. Software and Computer Skills

- List those software applications and other computer skills required by this position

FACTOR 2. SUPERVISION and GUIDELINES

(Supervisory and non-supervisory staff should complete this section.)

A. Supervision:

(1) Supervision Received:

- Describe how work is assigned to this position.
- Describe the level of instruction received: detailed instructions on how to do the work, or instructions only for new, more difficult projects.
- Describe how work is reviewed.
- What is the purpose of the review (e.g. accuracy, completeness, adherence to policies, procedures, or schedules)?

Assignment of work:
Level of instruction:
Review of work:
Purpose of review:

(2) Supervision or Lead of Others:

Complete this section if you are responsible for the work of others. If not, go onto Section 2 B, (Guidelines).

- List the job titles of the people you supervise in the box below.
- Insert the number of people with that job title that you supervise.
- For each job title, indicate the level of supervision you provide.
- If necessary, insert more lines into the table.

Position Title of Employees you Supervise	Number of Employees per	Level of Supervision			
		Position Title	Close	Moderate	General

Below are some activities related to supervision. Please check all the activities that are part of your supervisory duties. (Different activities may relate to different people/levels that you supervise. Check all the activities that you perform, regardless of whether they are for one or more employees.)

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> assign work | <input type="checkbox"/> inspect work | <input type="checkbox"/> train |
| <input type="checkbox"/> approve work | <input type="checkbox"/> make hiring recommendations | <input type="checkbox"/> hire |
| <input type="checkbox"/> approve leave | <input type="checkbox"/> make termination recommendations | <input type="checkbox"/> terminate |
| <input type="checkbox"/> coach and/or counsel | <input type="checkbox"/> conduct performance evaluation/
sign form | <input type="checkbox"/> discipline |
| <input type="checkbox"/> other (please specify) _____ | | |

B. Guidelines:

Describe the policy and procedure manuals, regulations or other operating procedures or services required to be used in the position.

FACTOR 3: SCOPE and EFFECT

- Give examples of independent decisions and actions the position requires you to make.
- Consider the impact of your work on others

FACTOR 4: LEVEL, FREQUENCY, and PURPOSE OF WORK CONTACTS

- List the regular or usual work contacts you have with persons other than a supervisor or those supervised. Contacts might include individuals within the division, agency, or department, as well as other State and government agencies, clients, customers, vendors and the general public.
- For each contact, give the purpose, frequency and nature of the interaction.

Work Contact	Purpose of Interaction (exchange information, resolve problems, provide service, negotiate, etc.)	Frequency of Interaction (daily, weekly, occasionally, etc)	Nature of Interaction (in person, in writing, by telephone)

FACTOR 5: PHYSICAL DEMANDS and WORK ENVIRONMENT

A. Physical Abilities

Describe the physical abilities that are required for this position.

B. Required Safety Precautions

List safety precautions that are required for this position.

C. Equipment, Machinery and Tools

List equipment, machinery and tools regularly used to complete this job, (e.g. personal computer, calculator, typewriter, hand tools, or motor vehicles). Give a brief statement of why and how you use this equipment.

D. Work Environment

Describe work that is performed in uncomfortable or unpleasant surroundings, involves exposure to hazardous conditions that may result in injury, or requires the use of protective equipment (e.g. goggles, gloves, masks).

PART IV. ADDITIONAL COMMENTS

Please provide any additional comments about your position that you may have.

PART V. EMPLOYEE SIGNATURE

CERTIFICATION: I hereby certify that the above answers are accurate and complete.

Printed Name: _____

Signature: _____ Date _____

NOTE: IF MORE THAN ONE EMPLOYEE IS COVERED BY THIS PDQ, EACH INDIVIDUAL MUST PRINT AND SIGN THEIR NAME BELOW.

PART VI. STATEMENT OF IMMEDIATE SUPERVISOR

What do you consider the most important duties of this position?

Please comment on the employee's statements. Indicate any exceptions or additions.

Indicate the qualifications that you think should be required in filling a future vacancy in this position. Keep the position itself in mind rather than the qualifications of the individual who now occupies it.

LEVEL OF EDUCATION	BASIC QUALIFICATIONS	ADDITIONAL DESIREABLE QUALIFICATIONS
Education, general (e.g., high school or GED, Bachelor's in XYZ, etc)		
Education, special/professional		
Experience, length in years and kind		
Required licenses, certificates, or registration		
Knowledge, abilities, and skills, required to perform the essential functions of the position		

IMMEDIATE SUPERVISOR'S SIGNATURE

(Signature)

(Date)

SENIOR JURISDICTIONAL AUTHORITY OR DESIGNEE'S SIGNATURE

I certify that the above information accurately and completely describes this position.

(Signature)

(Date)

