

**MARYLAND STATE JUDICIARY**

**POSITION DESCRIPTION QUESTIONNAIRE**

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| **PART I. IDENTIFYING POSITION INFORMATION** |

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| 1. PIN | 2. Job Code  | 3. Overtime Status\_\_\_\_ Non-Exempt (cash overtime)\_\_\_\_ Exempt (earns comp) |
| 4. Employee's NameLast: First : Middle Initial: |
| 5. Current Class Title | 6. Current Working Title |
| 7. Proposed Title (if applicable)  | 8. Division, Unit, or Section |
| 9. Work Location/Address | 10. Name and Title of Immediate Supervisor |
| 11. How long have you been performing the duties of the current position? | 12. Work Schedule (Check all that apply)

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| \_\_\_\_ Permanent Day Shift | \_\_\_\_ Rotating Shift |
| \_\_\_\_ Permanent Evening Shift | \_\_\_\_ Full Time |
| \_\_\_\_ Permanent Night Shift | \_\_\_\_ Part Time \_\_\_ Hours per week |

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| 13. At Will Position\_\_\_\_ Yes \_\_\_\_ No | 14. Financial Disclosure Required\_\_\_\_ Yes \_\_\_\_ No |

**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.**

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| **PART II. POSITION FUNCTIONS** |

**A. MAIN PURPOSE OF THE JOB**

Summarize the main purpose of this position in 2 - 3 sentences.

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**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.
* 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%.

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| **Essential Duties and Responsibilities** | **Frequency** |
| *Example: Distribute work to employees each morning to be worked on a daily basis* | *30%* |
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|  | **TOTAL = 100%** |

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| **PART III. PRIMARY FACTORS** |

**FACTOR 1: KNOWLEDGE, EDUCATION, COMPLEXITY and FINANCIAL AND BUDGETARY RESPONSIBILITY**

1. **Knowledge:**
* List the knowledge, skills, abilities, experience and special training required based on the essential duties and responsibilities listed on the prior page.

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| Knowledge, Skills & Abilities: |
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1. **Education:**
* What do you consider the minimum level of education required to perform the essential functions of the job?

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| Minimum level of education required: |
| [ ]  High School or GED[ ]  Some College or AA degreein: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  BA/BS degree in:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  MA/MS degreein : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | [ ]  Other Licenses and/or Certificates: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Other specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Experience in years and type |
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1. **Complexity:**
* Give examples the most difficult problems that typically arise during the course of work and the manner in which you respond to them.

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| Example #1 of difficult problems and the way you respond to them: |
| Example #2 of difficult problems and the way you respond to them: |

**D. 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.

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**FACTOR 2. SUPERVISION and GUIDELINES**

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

**A. Supervision:**

1. **Supervision Received:**
* What level of supervision or direction is received in performing the assigned duties? (Check one)

[ ]  **Close Supervision**: Incumbents work is checked frequently.

[ ]  **Moderate Supervision**: Non-routine work is checked frequently and routine work is checked periodically.

[ ]  **General Supervision**: Incumbents non-routine work is checked occasionally.

[ ]  **Minimal Supervision**: General directions are given with occasional status checks.

[ ]  **Limited Supervision:** General directions are given with periodic status checks.

**(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 directly or indirectly 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 or attach a separate piece of paper.

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| Position Title of Employees you Supervise | Number of Employees per Position Title | Level of Supervision |
| Close | Moderate | General | Minimal  | Limited |
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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.)

□ assign work □ inspect work □ train

□ approve work □ make hiring recommendations □ hire

□ approve leave □ make termination recommendations □ terminate

□ coach and/or counsel □ conduct performance evaluation/ □ discipline

sign form

□ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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

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**FACTOR 4: LEVEL and FREQUENCY OF INTERACTION WITH OTHERS IN KEY POSITIONS**

* 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.

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| **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) |
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**FACTOR 5: PHYSICAL DEMANDS and WORK ENVIRONMENT**

**A. Physical Requirements** (Check one)

[ ]  **Sedentary work**. Exerting up to 10 pounds of force occasionally and/or 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

[ ]  **Light work.** 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.

**[ ]  Medium work**. Exerting up to 50 pounds of force occasionally, and/or up to 30 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects.

[ ]  **Heavy work**. 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. Required Safety Precautions**

List safety precautions that are required for this position.

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**C. Work Environment** (Check all that apply)

[ ]  The worker is subject to environmental conditions. Protection from weather conditions but not necessarily from temperature changes.

[ ]  The worker is subject to both environmental conditions. Activities occur inside and outside.

[ ]  The worker is subject to extreme cold. Temperatures typically below 32 for periods of more than one hour. Consideration should be given to the effect of other environmental conditions, such as wind and humidity.

[ ]  The worker is subject to extreme heat. Temperatures above 100 for periods of more than one hour. Consideration should be given to the effect of other environmental conditions, such as wind and humidity.

[ ]  The worker is frequently in close quarters, crawl spaces, shafts, man holes, small enclosed rooms, and other areas that could cause claustrophobia.

[ ]  None. The worker is not substantially exposed to adverse environmental conditions (such as in typical office or administrative work.)

[ ]  Travel is required (how much) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Other. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**D. Equipment, Machinery and Tools**

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

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**E. Software and Computer Skills**

List software and programs regularly used to complete this job, (e.g. Microsoft Office, MDEC, Adobe Suite or SharePoint). Give a brief statement of why and how you will utilize the software in everyday work.

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| **PART IV. ADDITIONAL COMMENTS** |

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

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| **PART V. EMPLOYEE SIGNATURE** |

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| **CERTIFICATION:** I hereby certify that the above answers are accurate and complete.Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| IMMEDIATE SUPERVISOR’S SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Signature) (Date) |

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| SENIOR JURISDICTIONAL AUTHORITY OR DESIGNEE’S SIGNATUREI certify that the above information accurately and completely describes this position.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Signature) (Date) |

POSITION DESCRIPTION QUESTIONAIRE ADDENDUM (page \_\_\_\_\_\_ of \_\_\_\_\_\_pages)