**POSITION DESCRIPTION QUESTIONNAIRE (PDQ) - CSEA**

**INTRODUCTION**

The Position Description Questionnaire (PDQ) is a critical tool used in the evaluation of reclassification requests, as defined by Education Code Section 88001(f) and Article XIV of the CSEA Collective Bargaining Agreement. Its purpose is to provide a clear and comprehensive description of the duties, responsibilities, and scope of the employee’s current position. Accurate and thorough completion of this form ensures a fair and informed analysis of whether the position has evolved in a manner that warrants reclassification.

Please take the time to respond thoughtfully and in detail. Incomplete or vague responses may delay the review process or result in an inaccurate assessment. Your input directly supports the integrity and effectiveness of the reclassification process.

**DEFINITIONS**

* **Class:** A group of positions with sufficiently similar duties and responsibilities that share the same title. Each position in a class has a designated title, minimum qualifications, salary schedule placement, and regular assigned hours.
* **Classification:** The act of placing a position into a specific "Class".
* **Reclassification:** The upgrading of a position to a higher classification. This happens as a result of the gradual increase of duties performed by the person in that position. This is different from a "Reorganization," which is a broader process the College District may use to improve efficiency and operations, potentially resulting in new classifications, transfers, or moving work/positions.

**INSTRUCTIONS**

*Each reclassification request will be reviewed individually. The consultant will determine if a meeting is required with the employee or supervisor.*

**Employee-Initiated:** If your present position meets the definition for reclassification, complete the following questionnaire and submit **via email** to [swcreclass@swccd.edu](mailto:swcreclass@swccd.edu). Please refer to [CSEA Collective Bargaining Agreement, Article XIV](https://www.swccd.edu/administration/human-resources/bargaining-agreements-and-employee-handbooks/_files/csea_article_14.pdf).

**Supervisor-Initiated:** Complete PDQ in its entirety and submit via email to swcreclass@swccd.edu

In answering the questions, please be accurate and thorough.

* Read all of the questions and instructions before beginning.
* Allow more than one session for completing this and revisit your responses, as applicable.
* Write out terms or abbreviations for what they stand for (e.g., FMLA. = Family Medical Leave Act).
* If a question does not apply to the job, please write "N/A" in the blank space.
* If you need more space to answer any of the questions, submit an additional Word or PDF document.
* Optional Attachments:
  + Copy of present job description.
  + Copy of current organizational chart.
  + Copy of proposed/draft job description, if applicable.
  + Any other supporting documents to assist the reclassification analysis.

**CSEA POSITION DESCRIPTION QUESTIONNAIRE**

| **Employee Initiated Reclass (July 1 - 31)** | **Supervisor Initiated Reclass** |
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| Classification Title: Click or tap here to enter text. | Employee Name: Click or tap here to enter text. |
| Department: Click or tap here to enter text. | Division: Click or tap here to enter text. |
| Work Phone: Click or tap here to enter text. | E-mail Address: Click or tap here to enter text. |
| Work Location: Click or tap here to enter text. | Work Shift: Click or tap here to enter text. |
| Date of Hire at SWC: Click or tap here to enter text. | Date of Hire in current classification: Click or tap here to enter text. |

|  |  |
| --- | --- |
| Supervisor Name: Click or tap here to enter text. | Supervisor Title: Click or tap here to enter text. |
| Department: Click or tap here to enter text. | Supervisor Division: Click or tap here to enter text. |
| Supervisor Work Location: Click or tap here to enter text. | |
| Supervisor Work Phone: Click or tap here to enter text. | Supervisor Email Address: Click or tap here to enter text. |
| How long have you supervised Employee: Click or tap here to enter text. | Click or tap here to enter text. Years Click or tap here to enter text. Months |

1. **PURPOSE:** Briefly summarize the overall purpose of the position:

Click or tap here to enter text.

1. **WORK DUTIES CONTEXT:** Reference the current job description and explain the new duties/responsibilities outside of this job description. Click or tap here to enter text.
   1. **DESCRIBE THE DUTIES/RESPONSIBILITIES:** Describe the work that is performed, starting with the most important duties. (See examples below) – Please focus on the most essential functions of the job and note that most class descriptions consist of 12-15 duty statements.

* First number the duties in the **#** column.
* **DUTIES** column: describe the tasks performed, begin each statement with an *action* verb.
* **TIME** column: indicate what percentage of the overall work time is spent performing each duty. Time needs to add up to 100%. Please consider percentage of time spent on duties performed daily, weekly, monthly and yearly. (For example, if an accountant works on year end closing that is only two weeks out of the year (or 52 weeks), you would indicate this as 4%).
* **FREQ** column: indicate how frequently the task occurs using the following codes:

***SD*** *= several times daily* ***M*** *= monthly*

***D*** *= daily* ***I*** *= infrequently: several times a year or less.*

***W*** *= weekly*

* **IMP** **Column**: identify how important the duty is to the overall job effectiveness, use the following codes:

***ED=*** *Essential Duties: Duties that are critical, integral, necessary, crucial, primary and/or fundamental. These are basic job duties that an employee must be able to perform****.*** *If this duty were removed, it would have a significant impact on the nature of the job.*

***MF=*** *Marginal Functions: Duties that are non-essential, minimal, or incidental that could be removed without fundamentally altering the purpose of the position. If this duty were removed, it would not have much impact on the job. (Should be 5%-10% of the total.)*

* **TIME Column:** do your best to quantify what approximate percentages of time you spend on representative duties. We are looking for the percentages of time within a calendar year – so we recognize that some times of year you may be doing almost only one or two things because that’s your busy period, but we need you to take an entire year into consideration when you are filling out this section.

| **#** | **DUTIES** | **TIME**  **(Needs to add up to 100%)** | **FREQ** | **IMP** |
| --- | --- | --- | --- | --- |
| E.g., 1 | Schedule and coordinate meetings, seminars, conferences, and training sessions for department staff; act as meeting and/or committee secretary including preparing agendas and informational packets, setting up meeting rooms, and taking and transcribing minutes for assigned boards and commissions. | 15% | SD | ED |
| E.g., 2 | Monitor and control the operation of water distribution systems including chemical feeding equipment and utilizing the telemetry system, filtration equipment, reservoirs, and/or storage tanks. | 25% | SD | ED |
| E.g., 3 | Write/Review mitigation contract documents [plans and specification] for site preparation, clearing, plan installation, erosion control. | 2% | W | MF |
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* 1. Provide a statement regarding: types of problems this position solves; any program or development responsibilities; types of innovation and ideas expected of this position; complexity of customer/client relationship management; technical challenges or limitations.

Click or tap here to enter text.

* 1. Which of the duties described above do you consider most complex or difficult, and why?

Click or tap here to enter text.

* 1. If the current position responsibilities have changed significantly in the past two years, please explain why here and include details above:

Click or tap here to enter text.

* 1. Did anyone previously perform the duties outlined above? Or are these completely new duties required of the job? Click or tap here to enter text.

  Click or tap here to enter text.

1. **EDUCATION**
   1. What level of education does the employee in this position currently have? What do you believe should be the minimum level of education required to satisfactorily perform the current job at the time of hire? Mark the levels in the box below (leave blank if not applicable):

| **Education Employee Currently Has** | **Minimum Education Required** | **Level of Education** |
| --- | --- | --- |
|  |  | Less than High School Diploma or equivalent (G.E.D.) (ability to read, write, and follow directions) |
|  |  | High School Diploma or equivalent (G.E.D.) |
|  |  | Up to one year of specialized or technical training beyond high school |
|  |  | Associate degree or two-year technical certificate - Type: |
|  |  | Bachelor’s degree - Type: |
|  |  | Master’s degree - Type: |
|  |  | Other (explain): |

* 1. What are the minimum years of experience that you believe are needed to satisfactorily perform this job at the time of hire?

Click or tap here to enter text.

* 1. List any new specialized skills, software, and systems if any, that are needed to perform the new duties of your position (NOT contained in your current job description)?

| **Type of Skills, Software, Systems** | **Purpose for Which You Use It** | **What You do With It** |
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**3.4** List the licenses, professional or technical certificates the current employee holds, include the date and whether SWC sponsored the ability to obtain the license/certificate(s).

| **Certificate – Licenses** | **Date of Certification** | **Check if Sponsored by SWC** |
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**3.5** Have Inconsistent Duties (ID) compensation been paid for the newly required increase of duties?

| **Out of Class (OOC) Dates** | **Supervisor** |
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1. **OTHER JOB QUALIFICATIONS:** Please add any other information that is relevant to the reclassification study.

* 1. List the types of **KNOWLEDGE (K) and ABILITIES (A)** needed to start in this job:

| **#** | **Knowledge & Abilities** |
| --- | --- |
| K | Example: List laws, please specify its name such as National Environmental Policy Act (NEPA) or California Environmental Quality Act (CEQA).  DO NOT state, “pertinent federal, state, and local laws” |
| K | Example: Administrative principles and practices, including goal setting, program development, implementation, and evaluation, and supervision of staff. |
| A | Example: Develop and recommend environmental mitigation for projects. Conduct complex research projects and prepare reports, such as: (give examples). |

| **Knowledge**  **or Ability** | **Describe** |
| --- | --- |
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1. **ORGANIZATIONAL CONTEXT:** REPORTING STRUCTURE/SUPERVISION RECEIVED

5.1 Others who report to the same supervisor:

|  |  |
| --- | --- |
| *Job Title* | *Name* |
| Click or tap here to enter text. | Click or tap here to enter text. |
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**5.2** How are work priorities set (by employee, by supervisor, standard procedures, etc.)?

Click or tap here to enter text.

**5.3** Describe the work decisions that the employee is required to make regularly on their own:

  Click or tap here to enter text.

**5.4** Which decisions are referred to the supervisor, or to other departments within the organization?

  Click or tap here to enter text.

**5.5** What is the frequency of supervisor and employee meetings to obtain work direction and/or to have work checked (daily, weekly, monthly, rarely, as needed, etc.)?

Click or tap here to enter text.

1. **EQUIPMENT:** List any machines, equipment, or vehicles regularly utilized in the course of work (e.g., office equipment such as computer, copy machine, etc.; hand and/or power tools; vehicles such as trucks, forklifts, cars, etc.; heavy equipment such as loader, cranes, bulldozers, crane lifts, etc.)

| **Type of Machinery/Equipment** | **Purpose for Which it is Used** |
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1. **CONTACTS:** What contacts, other than supervisor and coworkers (inside and outside of the agency) are contacted in the course of work, and how frequently? *(D=daily, W=weekly, M=monthly, I=infrequently: several times a year or less)*

| **Title/Department** | **Regarding** | **Frequency** |
| --- | --- | --- |
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1. **PHYSICAL DEMANDS:** Indicate which physical abilities are required in the performance of the job, and in the **FREQ** column, show how often the physical activity is performed in the course of work. Use these codes:

***SD***=several times daily; ***D***=daily; ***W***=weekly; ***M***=monthly; ***I***=infrequently (several times a year or less)

| **Required**  **(Yes / No)** | **Physical Demands** | | | **FREQ** |
| --- | --- | --- | --- | --- |
| Choose an item. | SITTING in order to Click or tap here to enter text. | | | Choose an item. |
| Choose an item. | STANDING in order to Click or tap here to enter text. | | | Choose an item. |
| Choose an item. | WALKING in order to   Click or tap here to enter text. | | | Choose an item. |
| Choose an item. | RUNNING in order to   Click or tap here to enter text. | | | Choose an item. |
| Choose an item. | CLIMBING in order to   Click or tap here to enter text. | | | Choose an item. |
| Choose an item. | BENDING in order to    Click or tap here to enter text. | | | Choose an item. |
| Choose an item. | STOOPING in order to   Click or tap here to enter text. | | | Choose an item. |
| Choose an item. | KNEELING in order to    Click or tap here to enter text. | | | Choose an item. |
| Choose an item. | HAND/FINGER MOVEMENT: | | | Choose an item. |
| GRASPING in order to   Click or tap here to enter text. | | |
| FINE MANIPULATION in order to    Click or tap here to enter text. | | |
| Choose an item. | LIFTING in order to   Click or tap here to enter text. | | | Choose an item. |
| Avg # lbs: Click or tap here to enter text. | | Max # lbs: Click or tap here to enter text. |
| Choose an item. | CARRYING in order to   Click or tap here to enter text. | | | Choose an item. |
| Avg # lbs:   Click or tap here to enter text.  Avg dist:   Click or tap here to enter text.      ft. | Max # lbs: Click or tap here to enter text.  Max dist:   Click or tap here to enter text.   ft. | |
| Choose an item. | PUSHING in order to | | | Choose an item. |
| Avg # lbs:    Click or tap here to enter text.  Avg dist:   Click or tap here to enter text. ft. | Max # lbs:   Click or tap here to enter text.  Max dist:   Click or tap here to enter text.   ft. | |
| Choose an item. | UNUSUAL FATIGUE FACTORS (e.g., wearing heavy protective clothing) | | | Choose an item. |
| Choose an item. | OTHER physical demands (list and explain): | | | Choose an item. |

1. **ENVIRONMENTAL CONDITIONS:** Indicate which conditions are required in the performance of the job, and in the **FREQ** column, show how often work is completed in the environmental condition. Use these codes:

***SD***=several times daily; ***D***=daily; ***W***=weekly; ***M***=monthly**; *I***=infrequently (several times a year or less)

| **Required**  **(Yes / No)** | **Environmental Condition** | **FREQ** |
| --- | --- | --- |
| Choose an item. | Typical office conditions: | Choose an item. |
| Choose an item. | Work outdoors: | Choose an item. |
| Choose an item. | Exposure to extreme temperatures: | Choose an item. |
| Choose an item. | Exposure to extreme weather conditions: | Choose an item. |
| Choose an item. | Exposure to toxic/poisonous substances: | Choose an item. |
| Choose an item. | Exposure to biologic/infectious agents: | Choose an item. |
| Choose an item. | Exposure to dust, fumes, and/or allergens: | Choose an item. |
| Choose an item. | Exposure to excessive noise: | Choose an item. |
| Choose an item. | Exposure to unpleasant odors: | Choose an item. |
| Choose an item. | Exposure to vermin, insects, parasites etc.: | Choose an item. |
| Choose an item. | Work near hazardous/moving equipment or machinery: | Choose an item. |
| Choose an item. | Work at heights: | Choose an item. |
| Choose an item. | Work in a confining space (e.g., storage tank/vat, sewer, manhole, tunnel, pipeline, pit, duct, well, vault, trench) please list *if applicable*:  If you work in a confining space, do you receive special training/certification to perform confined space entry? ☐ Yes ☐ No | Choose an item. |
| Choose an item. | Use protective clothing, equipment, devices, materials: | Choose an item. |
| Choose an item. | Work with hostile, violent and/or offensive individuals: | Choose an item. |
| Choose an item. | Other environmental conditions (list and explain): | Choose an item. |

1. **STUDY EXPECTATIONS:** What are the expectations from this study? If the current job should be reclassified to a similar or advanced existing classification, please include a DRAFT job description, if applicable.

  Click or tap here to enter text.

*I understand that by checking this box, my electronic signature below certifies that statements made by me on this questionnaire are, to the best of my knowledge, complete and accurate.*

|  |  |
| --- | --- |
| SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**For an Employee-Initiated reclassification request,**

**this concludes the questionnaire.**

**EMAIL COMPLETED FORM TO:**

**swcreclass@swccd.edu**

**For Supervisor-Initiated reclassification request,**

**please complete the continuing section of the questionnaire.**

**EMAIL COMPLETED FORM TO:**

**swcreclass@swccd.edu**

**EMPLOYEE NAME:  Click or tap here to enter text.**

**ASSIGNED ADMINISTRATOR COMMENTS**

Note: A potential reclassification may cause the original classification or position to be removed from the current department and/or the bargaining unit.

Instructions: If this was an employee-initiated reclassification request; review the employee responses to the above questionnaire carefully and ensure they are accurate and complete. Do not change or alter the employee's statements or entries in the questionnaire. If you feel that the employee's description is not accurate, use the spaces provided below to clarify or elaborate on the description.

Do not make any statements or comments about the employee's work performance or competence.

1. Do you support this position being studied?  **Yes /  No**

Click or tap here to enter text.

1. How have the employee’s duties changed or expanded since the position was last reviewed?

Click or tap here to enter text.

1. Which of the employee's duties do you consider most important or difficult?

Click or tap here to enter text.

1. Who previously performed the duties listed in question #2 above?

Click or tap here to enter text.

1. Have you assigned the new or expanded duties to the employee or has the employee taken on the duties independently?

Click or tap here to enter text.

1. Would the approval or denial of this request create any inequity within the department or school? Yes/No? (Refer to your department’s organization chart and salary structure)

Click or tap here to enter text.

1. Identify and define how critical the function of this position is for the reclassification and to the operation of your department or school? (Be specific and provide supporting documents, if applicable)

Click or tap here to enter text.

1. Do you agree with the employee's description of his/her work job and its requirements?

Click or tap here to enter text.

1. Use this space to add information or clarification to the employee's questionnaire:

Click or tap here to enter text.

**ASSIGNED ADMINISTRATOR**

*I understand that by checking this box, my electronic signature below certifies that I have reviewed, and with the exception as noted above (if applicable) and to the best of my knowledge, the employee’s questionnaire is an accurate and complete representation of his/her work.*

|  |  |
| --- | --- |
| SIGNATURE:     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | DATE:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

Name and Title:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DIRECTOR OR DEAN COMMENTS AND SIGNATURE**

1. Do you support this position being studied?  **Yes /  No**
2. Use this space to add information or clarification to the employee's questionnaire:

      Click or tap here to enter text.

*I understand that by checking this box, my electronic signature below certifies that, with the exception as noted above (if applicable) and to the best of my knowledge, the employee’s questionnaire is an accurate and complete representation of his/her work.*

|  |  |
| --- | --- |
| SIGNATURE:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | DATE: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

Print name and Title:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VICE PRESIDENT SIGNATURE**

Do you support this position being studied?  Yes /  No

*I understand that by checking this box, my electronic signature below certifies that, with the exception as noted above (if applicable) and to the best of my knowledge, the employee’s questionnaire is an accurate and complete representation of his/her work.*

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| --- | --- |
| SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Print name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_