

SOUTHWESTERN COMMUNITY COLLEGE DISTRICT

POSITION DESCRIPTION QUESTIONNAIRE (PDQ)

Pursuant to Education Code, Section 88001(f) a reclassification is the upgrading of a position to a higher classification as a result of the gradual increase of duties performed by the incumbent in that position. If your present position meets the definition for reclassification, complete the following questionnaire and forward your request to your immediate supervisor. Article XIV of the CSEA Collective Bargaining Agreement, should be used as reference. If this is a supervisor or management-initiated review, skip to Section II.

SECTION I – TO BE COMPLETED BY EMPLOYEE

IDENTIFYING INFORMATION

1. Name: _____
2. Present Classification: _____
3. Length of Time in Present Classification: ____ Years ____ Months
4. Department/School: _____
5. Phone Number: _____ Extension #: _____
Work E-Mail: _____
6. Year in which the classification of this position was last reviewed: _____
7. Name of Immediate Supervisor: _____
Supervisor's Title: _____
Phone Number: _____ Extension #: _____
Work E-Mail: _____
8. Normal Working Hours: From _____ A.M./P.M. to _____ A.M./P.M.

9. Normal Workdays (Check as appropriate): MON TUE WED THU FRI SAT SUN

10. Total Hours Per Week: _____

Important Instruction: In the following section, please reference your current job description and explain new duties/responsibilities outside of your job description to complete the questions below.

11. In what ways have your duties and responsibilities changed since the position was classified at its present level or since you began in the position?

12. Who, if anyone, previously performed the duties outlined in Question #11? _____

13. What new specialized knowledge, skills, software, and systems if any, are needed to perform the duties of your position? (Not contained in your current job description)

14. What new licenses, certificates, etc. do you possess which are now required of this position? _____

15. What new guidelines, policies, procedures, rules, or regulations do you use regularly in the performance of your duties? _____

16. Describe new decisions you are required to make regularly in the course of your job without consulting with a higher authority. _____

17. What new reports, if any, are you required to prepare independently? (Attach samples.) Do not include reports for which your only role is data entry and/or proofreading. Explain your role in preparing the report. _____

18. List any new machines, equipment, or tools you use in performing your duties. _____

19. Describe your involvement in planning and/or determining goals. _____

20. Describe your role in the budget process for the office, department, or school? _____

21. With whom do you interact in carrying out new responsibilities? Describe the nature of any contacts listed.

a. Within department or school _____

b. Outside department or school _____

c. Other agencies _____

22. Describe any new hazards which you encounter on the job. Please note: A hazard is often associated with a condition or activity that, if left uncontrolled, can result in an injury or illness).

a. What new training/certificate(s)/license(s), pertaining to hazards where you required to undergo or obtain?

23. How long have your duties been as described above?

_____ Years _____ Months

a. Have you ever received out of class compensation for the newly required increased duties? Yes No

b. If so, please describe: _____

24. Optional Attachments:

- a. A copy of your present job description.
- b. A copy of the most current organizational chart.
- c. Any other supporting documents to assist the reclassification analysis.

Signature: _____ Date: _____

**SECTION II – SUPERVISOR’S REVIEW
(TO BE COMPLETED BY IMMEDIATE SUPERVISOR)**

In accordance with Section 14.3.1 of the CSEA Collective Bargaining Agreement, to initiate a position review, a Bargaining Unit employee must fill out Section I of the PDQ and submit it to the Human Resources Division. The Bargaining Unit employee’s supervisor or another manager higher in their chain of command may also initiate a position review. If this is a supervisor or management-initiated review, skip Section I.

1. Supervisor’s Name: _____
2. Supervisor’s Title: _____
3. Name of Assistant Superintendent/Vice President: _____
4. Name of Employee requesting reclassification: _____
5. Employee’s Current Job Title: _____
6. How long have you supervised the employee? _____ Years _____ Months
7. Will the proposed change in classification remove the position from the bargaining unit? ☐ Yes ☐ No
If yes, please explain: _____

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

9. Who previously performed the duties listed in question #8?

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

11. Would approval or denial of this request create any inequity within the department or school? ☐ Yes ☐ No

If yes, explain:

12. Identify and define how critical the functions of this position are for reclassification and to the operation of your department or school? Please be specific and provide any supporting documents.

13. Are there any portions of the Employee portion of the questionnaire that you wish to comment on or clarify? (Please indicate item number.)

14. Do you support this position being reclassified? Yes No

15. Please attach the following to this questionnaire:
- a. Cover memo from appropriate administrator, indicating their position on the request; or comments may be noted on the next page (Section III - Administrator's Comments.)
 - b. Organization Chart for department or school
 - c. Any other supporting documents to assist the reclassification analysis.

Supervisor Signature: _____ Date _____

**SECTION III – COMMENTS BY ALL MANAGERS IN SUPERVISORY CHAIN,
INCLUDING APPLICABLE DIRECTOR, DEAN AND VICE-PRESIDENT, ETC.**

COMMENTS:

Dean or Director Signature

Date

Dean or Director Signature

Date

Vice President Signature

Date