

<b>Department</b>	<b>Date</b>
<b>Your Name</b>	<b>Your Title</b>
<b>Name of Supervisor</b>	<b>Title of Supervisor</b>

**I work at:**   ☐ Santa Rosa   ☐ Petaluma   ☐ Windsor   ☐ Other: \_\_\_\_\_

### KNOW-HOW

<b>Knowledge and Skills:</b> List the experience, education, knowledge and skills required to be successful in this job.
--

- Minimum** Education, Training, Experience, Licenses, etc.

List special technical and academic knowledge required as a minimum qualification in this job.	
1	
2	
3	
4	

- Preferred** Education, Training, Experience, Licenses, etc.

List special technical and academic knowledge preferred for this job.	
1	
2	
3	
4	

- Ongoing** Education, Training, etc.

List any ongoing education, training, certifications, etc. that are necessary for this job.	
1	
2	
3	
4	

**KNOW-HOW (Continued)**

Describe the most important work procedures, regulations, policies, principles, etc. that you should know in order to do your job.

1	
2	
3	
4	

**PROBLEM-SOLVING**

<b>Responsibility and Decision-Making:</b>	Describe the responsibility you have for taking action and making decisions. What types of decisions do you make? What types of decisions are referred?
--	--

Types of decisions you make without prior approval: Describe any specific decision-making responsibilities you may have.

1	
2	
3	
4	

Types of decisions referred to higher authority or that are controlled by policy: Indicate who you receive work direction from (most likely your immediate manager), how that individual provides instructions to you (written procedures, verbal, other), who reviews and approves your work and who you would go to if you had a question.

1	
2	
3	
4	

Is your immediate supervisor/manager located in your work area? ☐ Yes ☐ No

**PROBLEM-SOLVING (Continued)**

Does your job require you to persuade or convince others both within and outside your department to accept your actions or recommendations? If so, give one or two typical examples.

1	
2	
3	
4	

Major Challenges: Please describe the most difficult challenges you face with your job and the means by which they are resolved.

1	
2	
3	
4	

### ACCOUNTABILITY

**Fiscal or other Responsibility:** Please describe the most significant implication of errors and/or omissions in judgment related to the area(s) that your position is accountable for overseeing (legal or safety liability, fiscal impact, etc.)

1	
2	
3	
4	

### FREQUENCY OF DUTIES PERFORMED

Please list a brief description of the ten most important duties that you perform and indicate the approximate frequency of how often you perform these duties.

Description of Duties		Frequency				
		Daily	Weekly	Monthly	Semi-Annual	Annual
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

**ADDITIONAL FACTORS**

**Additional Factors:** Indicate whether physical effort, environment or hazards are a significant part of your job.

Physical requirements: Indicate whether lifting, climbing, extended sitting or standing, or other physical efforts are a significant part of your work routine.

Physical Activity	Frequency	Weight

Work Environment: Identify the environmental surroundings of this position (climatic variables, hazards, chemicals, etc.)

Exposure	Frequency

Hazards: Occasional, intermittent or constant exposure to sensory, mechanical, electrical, chemical, biological or physical factors which involve risks of accident, personal injury or health impairment.

Exposure	Frequency

**EMPLOYEE COMMENTS**  
**(Due to Supervisor by September 24, 2014)**

Does the job description for the classification that you have been hired for accurately reflect 80% of the duties that you perform?

☐ Yes ☐ No (If no, please be specific about the duties that you are performing that are not covered by your current job description in the section below.)

**Comments?** Please state any additional relevant information that may be helpful in understanding the duties that you perform and how your position functions within the organization.

**SUPERVISOR COMMENTS**

Do you agree with the contents of this PDQ?

☐ Yes ☐ No (If no, please be specific in what area(s) you disagree in the section below.)

Does the job description for this classification accurately reflect 80% of the duties performed by the employee(s)?

☐ Yes ☐ No (If no, please be specific about the duties that the employee is performing that are not covered by the current job description in the section below.)

**Comments:** What are ***the most important duties*** of this classification?  
What are ***the most important qualifications*** of an employee in this classification?

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please return to employee with your comments for employee signature.*

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please submit completed form and revised job description to Human Resources.*

**YOUR COMPLETED PDQ SHOULD BE NO MORE THAN 5 PAGES.**

**YOU ARE STRONGLY ENCOURAGED TO INCLUDE YOUR JOB DESCRIPTION WITH RECOMMENDED EDITS.**