To request a new classification, please complete this Position Description Questionnaire (PDQ) for Nonexempt Employees as carefully and thoroughly as possible.

You will also need to provide a proposed job description as well as a current and proposed organizational chart and submit to Myisha Washington, HR Specialist – Classification and Compensation in District Human Resources (washingtonmyisha@fhda.edu) along with the completed PDQ.

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| **Classification/Title Requested** | | **Grade/Level Requested** | |
| **Name of Requesting Administrator** | | **Phone ext.** | |
| **Department/Division** | **Campus** | | **Date** |

**Why does this classification exist?** Write a one-sentence statement describing the purpose of the classification and how it achieves your department’s/division’s objectives.

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**Specific Duties?** List the primary duties which make up the regular activities for the classification. (e.g., File all correspondence and forms daily for manager).

List the major job duties in descending order of importance. The total of % time should equal 100%.

| **% of Time:** | **Duties:** | **Frequency:** |
| --- | --- | --- |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| 6. |  |  |
| 7. |  |  |
| 8. |  |  |
| 9. |  |  |
| 10. |  |  |

**Working Relationships:** Describe the routine contacts the classification will have with others within or outside the organization.

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| --- | --- | --- |
| **Inside Contacts** | **Reason For Contact** | **Frequency of Contact** |

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| --- | --- | --- |
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| --- | --- | --- |
| **Outside Contacts** | **Reason For Contact** | **Frequency of Contact** |

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**Responsibility and** Describe the types of responsibility the classification will have for

**Decision Making Decisions** taking action in order to properly perform the essential duties of the classification.

1. Types of decisions made without prior approval:

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1. Types of decisions referred to higher authority:

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1. Describe the way in which work is assigned to the classification and reviewed, and the frequency and type of guidance provided by the supervisor and/or appropriate administrator.

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**Additional Compensable Factors:**

Please complete the Physical/Environmental/Mental (PEM) Demands form. This is a separate document from the PDQ and must be submitted with the request. To obtain a copy of the PEM form, please contact Myisha Washington, HR Specialist – Classification and compensation at ext. 6228 or via email at [washingtonmyisha@fhda.edu](mailto:washingtonmyisha@fhda.edu).

The PEM form may also be downloaded at: <http://hr.fhda.edu/class_comp/classification_info>.

**Knowledge and Skills:** List the experience, education, knowledge and skills required for

effective functioning in this classification.

1. **Minimum** Education, Training and Experience

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| --- | --- | --- | --- |
|  | List special technical, academic knowledge required as a minimum qualification in this classification |  | Describe how much and what type of additional work experience is required as a minimum to do this classification |
| 1 |  | 1 |  |
| 2 |  | 2 |  |
| 3 |  | 3 |  |
| 4 |  | 4 |  |
| 5 |  | 5 |  |

Describe the most important work procedures, regulations, policies, principles etc. that should be known in order to perform the essential duties of the classification.

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Describe any license, registration, certificate, or professional affiliation required to perform the essential duties of the classification.

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| --- | --- |
| 1 |  |
| 2 |  |

1. **Preferred** Skills, Knowledge and Experience

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| --- | --- | --- | --- |
|  | Describe special technical, academic or other knowledge preferred in this classification |  | Describe how much and what type of additional work experience is preferred in this classification. |
| 1 |  | 1 |  |
| 2 |  | 2 |  |
| 3 |  | 3 |  |
| 4 |  | 4 |  |
| 5 |  | 5 |  |

**Major Challenges:** Describe two or three of the most difficult challenges an incumbent may face in performing the essential functions of the classification and the means by which they are resolved.

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**Comments?** Please state any additional comments which may be helpful in

understanding this classification and how it functions within the department/division/District.

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**Requesting Administrator:** Please provide additional information as indicated below and sign and date this request.

What do you consider ***the most important duties*** of this classification?

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What do you consider the most important qualifications of an employee assigned to this classification?

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Signed: Title Date