

POSITION QUESTIONNAIRE

1. DEPARTMENT:	3. POSITION NUMBER:
2. DEPARTMENT CODE:	4. UNION CODE:
5. BRANCH/DIVISION:	6. POSITION (WORKING) TITLE:
	7. FTE: 8. BILINGUAL: YES <input type="checkbox"/> NO <input type="checkbox"/>
9. WORK SECTION/UNIT:	10. CLASSIFICATION TITLE:
	11. OVERTIME CODE:
12. WORK LOCATION:	14. INCUMBENT:
13. LOCATION CODE:	
15. PURPOSE: In one or two sentences state the main purpose of this job. (NOTE: It is often easier to complete this section AFTER describing the main duties and responsibilities.)	
<p>The information provided in this questionnaire will be used to evaluate and classify this position. Suggestions to consider in completing the questionnaire and location of Position Questionnaire Guide are provided on the last page of this document. The Position Questionnaire Guide has been prepared to assist you. Contact your HR Manager if there are areas of this questionnaire you are unable to complete.</p>	
16. EMPLOYEE CERTIFICATION: DATE: _____ SIGNATURE: _____	
17. SUPERVISOR CERTIFICATION: NAME: _____ POSITION NUMBER: _____ POSITION TITLE: _____ DATE: _____ SIGNATURE: _____	
18. HUMAN RESOURCE MANAGER/OFFICER CERTIFICATION: DATE: _____ SIGNATURE: _____	
19. DEPUTY HEAD CERTIFICATION: DATE: _____ SIGNATURE: _____	

RETURN COMPLETED FORMS TO:

PEI PUBLIC SERVICE COMMISSION
BOX 2000, CHARLOTTETOWN, PEI C1A 7N8
TELEPHONE: 368-4306 FAX: 368-4383

20. DUTIES:

Describe the duties or activities of this position. What needs to be accomplished? List them in order of importance. Please ensure that the wording clearly identifies the work performed in this position. Estimate the percent of total time spent on each duty. **Please number each duty and indicate % of time.**

% of Time

1.

21. SUPERVISION:

If the position requires supervision of staff, please list the employees and their position titles below. Note that Supervision includes responsibility for training employees, for scheduling and assigning their work, and for evaluating employee performance.

- | | |
|-----------|------------|
| 1. Title: | Incumbent: |
| 2. Title: | Incumbent: |
| 3. Title: | Incumbent: |
| 4. Title: | Incumbent: |

22. GUIDANCE:

If functional guidance is required please describe the circumstances below. Guidance includes coaching, motivating and facilitating the work of others, ie members of project teams, committees, contractors and volunteers . This is not intended to include such duties as responding to information requests from the public or providing instruction or assistance to clients or patients.

Who does this position guide?

What kind of guidance is provided?

How often?

23. BASIC REQUIREMENTS:

Identify the education, training and experience required in this position. List necessary skills and knowledge. Include any requirements for additional languages, licenses, registrations, private motor vehicle, etc.

24. EQUIPMENT/INSTRUMENTS USED:

Identify the specialized equipment or instruments used in this position and the frequency with which they are used.

25. RESOURCE CONTROL:

List, with dollar values where applicable, the resources controlled. This could include staff, budgets, equipment, facilities, supplies, etc.

26. MENTAL CHALLENGES:

What are the most mentally challenging parts of this job? What is it about this work that challenges thinking skills? (Be specific and give one or more examples.)

27. DECISIONS:

Give specific examples of the most significant decisions or recommendations of this position and the impact these choices have on the work of the organization.

28. PRINCIPAL CONTACTS:

Excluding the supervisor and any employees supervised, give typical examples of key personal contacts and the purpose of each.

	Contact	Purpose	Frequency
1.			
2.			
3.			
4.			

29. ADVERSE WORKING CONDITIONS: Describe any unusual factors encountered in this work. % of Time

A. Requirement for extended concentration:

B. Requirement for lifting (indicate average weight):

C. Working positions (sitting, standing, bending, driving, walking, etc.):

D. Environmental factors (heat, cold, odour, noise, weather, etc.):

E. Mental or emotional stress:

F. Hazards:

G. Other:

H. What unusual working periods or work schedules are required in this job?

30. SIGNIFICANT CHANGES IN JOB DUTIES:

Identify the duties which have been added to, or deleted from, this position. How does this description of duties differ from the description which was previously classified?

Suggestions to consider in completing the Questionnaire:

- Please refer to the position Questionnaire Guide for assistance in completing this form. It is located on the intranet website at <http://www.gov.pe.ca/photos/original/posquesguide.pdf>.
- Before beginning, read through the entire questionnaire carefully. This will give a better understanding of the information required.
- Tell the facts about what work is actually performed and give specific examples to make it clear. Describe the job so that a person unfamiliar with it will be able to understand what is required in this position.
- You may need more space than is provided. If so, add pages and insert them in the Questionnaire. Identify the question number to which the pages refer.
- For assistance feel free to contact your supervisor, HR Manager or PEI Public Service Commission at 368-4306.

Your cooperation and timely response are gratefully acknowledged.