

POSITION QUESTIONNAIRE (V4.1_13 Feb 2026)
EMPLOYER CERTIFICATION FORM

Section 1 – Position Identification:

1.1 TYPE OF POSITION:	1.3 POSITION NUMBER:
1.2 VACANT:	1.4 FTE: 1.5 UNION:
1.6 DEPARTMENT:	1.8 POSITION (WORKING) TITLE:
1.7 DIVISION:	
1.9 INCUMBENT NAME:	1.10 EMPLOYEE ID:

Section 2 – Employer Certification Signatures:

(NOTE: The signatures below provide concurrence that the information contained within the attached position questionnaire is accurate, clear, complete and correct and that the document is a true reflection of the duties, responsibilities, and body of knowledge required for the position)

2.1 SUPERVISOR CERTIFICATION:

NAME (print) in box above	E-SIGNATURE in E-signature box above
POSITION NUMBER:	
POSITION TITLE:	DATE:

2.2 HUMAN RESOURCE MANAGER CERTIFICATION:

NAME (print) in box above	E-SIGNATURE in E-signature box above
	DATE:

2.3 DEPUTY MINISTER / HEALTH PEI EXECUTIVE LEADERSHIP TEAM MEMBER CERTIFICATION:

NAME (print) in box above	E-SIGNATURE in E-signature box above
	DATE: