



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

**Section 1 – Position Identification:**

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

**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:**

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

**2.2 HUMAN RESOURCE MANAGER CERTIFICATION:**

<b>NAME (print) in box above</b>		<b>E-SIGNATURE in E-signature box above</b>	
		<b>DATE:</b>	

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

<b>NAME (print) in box above</b>		<b>E-SIGNATURE in E-signature box above</b>	
		<b>DATE:</b>	