



**POSITION QUESTIONNAIRE FORM – CHECKLIST** (V2.2\_17 May 2023)

This checklist must be completed and signed by the appropriate HR Staff member and attached to all Position Questionnaire (PQ) Forms submitted for Classification Review.

- 1.1 Type of position:
- 1.2 Position number:
- 1.3 If this is a NEW position, the following information must be provided:
  - 1.3a Department Code:
  - 1.3b Location code:
  - 1.3c Supervisor Position Number:
  - 1.3d Health PEI Proposed Position Number:

**1.4 PSC OFFICE USE ONLY (NEW POSITION NUMBER):**

- 2.1 The current version of the PQ Form (V 2.2\_17 May 2023) has been used:
- 2.2 The PQ Form is clear, correct and all sections are completed:
- 2.3 The PQ Form and Employer Certification Form has been signed and dated by all parties:
- 2.4 The PQ Form and any significant changes have been reviewed by both the Supervisor and the HR Manager and discussed with employees as required:
- 2.5 Current Organizational Charts are attached:
- 3.0 Priority:
- 3.1 Comments:
- 3.2 If the current incumbent is planning to resign / retire, what is the date of the resignation / retirement (if known)?:
- 3.3 If there is an acting incumbent in the position, please provide the name of the acting incumbent:
- 4.1 If this is a Temporary Position, what is the estimated start date (DD/MMM/YYYY):
- 4.2 Term of the Temporary Position and any other comments:
- 5.0 List any Position Numbers and Titles Considered to be Identical:
- 6.0 List any other Position Numbers and Titles Considered to be Similar / Comparable:

- 7.0 List any other Position Numbers within the organization that may be impacted by the outcome of this review (e.g. reorganization, changes to reporting structure, combining roles, creating new position which will assume duties of an existing position):**
- 8.1 Are there any other positions within the same section/division that will be submitted for review within the near future?:**
- 8.2 If “YES”, indicate the position numbers and position titles below:**
- 9.1 Was this position / role previously classified as a temporary position?**
- 9.2 If “YES”, indicate the position title, classification level, date of the temporary classification review, and previous incumbent’s name (if available):**
- 10.0 Relevant History:**
- 10.1 List any positions that previously performed the duties and responsibilities of the submitted PQ:**
- 10.2 If this is a new position, have any positions been abolished in previous organizational structures that may be similar to, or performed some or all of the work contained in the new PQ – if so what positions numbers were abolished and when):**
- 11.1 The original Microsoft Word version of the PQ Form has been e-mailed to the Admin Support for the Classification Section at the address [PQ@gov.pe.ca](mailto:PQ@gov.pe.ca).**
- 11.2 The PQ Checklist, Signed PQ, and Org Chart have been scanned and e-mailed to the Admin Support for the Classification Section at the address [PQ@gov.pe.ca](mailto:PQ@gov.pe.ca).**
- 11.3 The entire original submission has been sent to the PSC via interoffice mail or hand-delivered.**
- 12.0 HR Certification:**
- 12.1 Name (print):**
- 12.2 Date:** **12.3 Signature:**