

|  |
| --- |
| Public Service Commission |
| Position Questionnaire Form |
|  |

|  |
| --- |
| The information provided in this questionnaire will be used to evaluate and classify this position.**Suggestions to consider in completing the Position Questionnaire:*** Please refer to the Position Questionnaire Guide for assistance in completing this form. It is located on the PSC website at <https://psc.gpei.ca>
* 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.
* If there are areas of this questionnaire that you are unable to complete, contact your supervisor or HR Manager for assistance.

**Your cooperation and timely response are gratefully acknowledged.** |



*Public Service Commission*

|  |
| --- |
|  ***POSITION QUESTIONNAIRE FORM (V2.2\_17 May 2023)*** |
| **Section 1 – Position Identification:** |
| **1.1 TYPE OF POSITION:** Choose**1.2 VACANT:** Choose | **1.3 POSITION NUMBER:** Click here **1.4 FTE:** Click here  **1.5 UNION:** Choose |
| **1.6 DEPARTMENT:** Choose**1.7 DIVISION:** Click here**1.8 WORK SECTION:** Click here**1.9 WORK LOCATION:** Click here | **1.10 POSITION (WORKING) TITLE:** Click here**1.11 BILINGUAL:** Choose |
| **1.12 INCUMBENT NAME:** Click here | **1.13 EMPLOYEE ID:** Click here |

|  |
| --- |
| **Section 2 - 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.)  |
|  |

|  |
| --- |
| **Section 3 – Employee Certification Signature:** (NOTE: The signature below provides concurrence that the information contained within this 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) |
| **EMPLOYEE CERTIFICATION:**DATE: SIGNATURE:     |
| **Section 4 – Employer Certification Signatures:** **SEE ATTACHED EMPLOYER CERTIFICATION SIGNATURE FORM THAT MUST BE COMPLETED AND SUBMITTED WITH THE POSITION QUESTIONNAIRE**(NOTE: The signatures contained on the attached form provide concurrence that the information contained within this 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) |

 **RETURN COMPLETED FORMS TO: PEI PUBLIC SERVICE COMMISSION, BOX 2000, CHARLOTTETOWN, PE C1A 7N8, TELEPHONE: 368-4306 FAX: 368-4383**

|  |
| --- |
| **Section 5 – Significant Changes:** (NOTE: Identify any of the duties or responsibilities which have been added to or deleted from this position; is the knowledge or any of the position requirements for the duties new or has it changed; have there been any changes to the leadership, supervision or guidance requirements; have there been any changes in resource control; have there been any changes to the responsibility for making decisions or the nature and frequency of interaction with others)  |

**NOTE: Before this section is completed, consider and answer the following questions. If this is a NEW position that was not previously classified, then select “NO” for each of the questions below:**

|  |  |
| --- | --- |
| **5.1 Have any duties or responsibilities been added to or deleted from the position?** | Choose |
| **5.2 Supervision of staff – new role or changed?** | Choose |
| **5.3 Knowledge and/or education required for the duties – new or changed?** | Choose |
| **5.4 Is the position now required to manage a facility, a program, service or operation – new or changed?** | Choose |
| **5.5 Have there been any changes in budgetary responsibilities or resource control?** | Choose |
| **5.6 Responsibility for making decisions – new or changed?** | Choose |
| **5.7 Has the nature and frequency of interaction with others changed?** | Choose |
| **5.8 Have there been any changes to the organizational structure of the work unit, section, division?** | Choose |
| **5.9 Have there been any changes to the working conditions associated with this position?** | Choose |

**5.10 SIGNIFICANT CHANGES:** Choose **5.11 IF “YES” TO ANY OF THE QUESTIONS ABOVE, PLEASE SUMMARIZE AND PROVIDE SPECIFIC EXAMPLES BELOW (How does this Position Questionnaire differ from the Position Questionnaire that was previously classified?):**

**Section 6 - Duties:**

(NOTE: This section describes the key activities, duties and responsibilities of the position. Consider the full range of job duties undertaken over the year. Most positions can be described in three (3) to five (5) duties or key work activities. For each duty or key work activity, provide a duty title (a few words) and a duty statement (a short phrase or couple of sentences) and the frequency of the duty. The total of all duties or key work activities should equal but not exceed 100% (for example: ½ day every day per year = 50%; 3 months per year = 25%; 2 ½ weeks per year = 5%) For each duty / key work activity, provide a list of associated activities / tasks that answers questions such as “what work is done?”, “how often is the work done?”, “by when is the work done (deadlines)?”, and “what is the outcome?”.

**DUTY 1 FREQUENCY (%):** Click here

**(a) DUTY TITLE**

**(b) DUTY STATEMENT**

**(c) ASSOCIATED ACTIVITES / TASKS (list in bullet form):**

 **DUTY 2 FREQUENCY (%):**Click here

**(a) DUTY TITLE**

**(b) DUTY STATEMENT**

**(c) ASSOCIATED ACTIVITES / TASKS (list in bullet form):**

**DUTY 3 FREQUENCY (%):** Click here

**(a) DUTY TITLE**

**(b) DUTY STATEMENT**

**(c) ASSOCIATED ACTIVITES / TASKS (list in bullet form):**

**DUTY 4 FREQUENCY (%):** Click here

**(a) DUTY TITLE**

**(b) DUTY STATEMENT**

**(c) ASSOCIATED ACTIVITES / TASKS (list in bullet form):**

**DUTY 5 FREQUENCY (%):** Click here

**(a) DUTY TITLE**

**(b) DUTY STATEMENT**

**(c) ASSOCIATED ACTIVITES / TASKS (list in bullet form):**

**OTHER DUTIES FREQUENCY (%):** Click here

**(a) DUTY TITLE**

**(b) DUTY STATEMENT**

**(c) ASSOCIATED ACTIVITES / TASKS (list in bullet form):**

**Section 7 – Position Requirements**:

This section gathers information on the minimum level of completed formal education, skills, training, knowledge, and experience required for a new person being hired into this position. The total minimum level of completed schooling or formal training should include all classroom, laboratory, practicum, clinical, or apprenticeship, time required prior to graduation or certification.

**7.1 MINIMUM QUALIFICATIONS (list in bullet form):**

**7.2 OTHER QUALIFICATIONS / ASSETS (list in bullet form):**

**7.3 LANGUAGE REQUIREMENTS FOR DESIGNATED BILINGUAL POSITIONS:**

Choose

Choose

**Minimum requirement for Bilingual proficiency is ADVANCED oral proficiency or higher.**

**Minimum requirement for this position would be ADVANCED reading and writing skills in both French and English.**

**Section 8 – Leadership / Supervision / Guidance:**

This section gathers information on the requirements to supervise others, lead others, and/or provide functional guidance or technical direction to enable them to carry out their work. (NOTE: Supervision includes responsibility for training employees, for scheduling and assigning their work, administering discipline, approving/denying leaves of absence, and for evaluating employee performance.)

**8.1 Do any of the duties of this position include having the responsibility for the work of others (for example: employees, temporary /casual staff, students, volunteers, committee members, consultants, etc)?**

Choose

**8.2 If “YES” to the question above, is it “FORMAL” (supervisory / management) or “INFORMAL” (team, committee , project, policy, regulatory, etc).**

Choose

**8.3 Total number of staff that are directly and indirectly supervised:** Click here

**8.4 Number of FTE that are directly and indirectly supervised:** Click here

**8.5 List the position(s) that directly report to this position (include the working title, position number and employee name:**

**8.6 Worksite:** Choose **If “Multiple” worksites, specify below:**

**8.7 Select YES or NO for all that apply / do not apply below and provide examples:**

|  |  |
| --- | --- |
| **(a) Lead a project team or committee, prioritize tasks, assign work, monitor progress to achieve planned outcome (s).** | Choose |
| **(b) Provide technical direction as an expert in the field in order for others to carry out their primary responsibilities.** | Choose |
| **(c) Provide training / education to staff.** | Choose |
| **(d) Coordinate replacement and or scheduling of employees.** | Choose |
| **(e) Directly supervise a work group; assign work to be done, methods to be used, and take responsibility for all of the group.** | Choose |
| **(f) Directly oversee & evaluate the daily work, practices and procedures of a defined program, section, or division.** | Choose |
| **(g)** **Complete employee performance reviews.** | Choose |
| **(h) Administer discipline.** | Choose |
| **(i) Conduct workplace investigations / interventions on various HR related issues.**  | Choose |
| **(j) Approve / deny leaves of absence.** | Choose |
| **(k) Support** **management in strategic planning initiatives, program/service evaluation, development and implementation.** | Choose |
| **(l) Manage multiple resources, strategic planning and evaluation, organizational design and operational direction of a section or division.** | Choose |

**Examples of those selected as “YES” above:**

**Section 9 – Resource Control:**

This section gathers information on the resources (financial, capital, and material) that the position has direct or indirect control / influence over.

**9.1 Financial Resources:**

 **9.1a Budget**

|  |  |  |
| --- | --- | --- |
| **Budget Type** | **Budget Amount** | **Please Specify** |
| **Salary** | **$** Click here | Click here |
| **Other** | **$** Click here | Click here |
| **Other** | **$** Click here | Click here |
| **Other** | **$** Click here | Click here |

 **9.1b Signing Authority:** Choose **If “YES”, what is the maximum limit ? $** Click here

 **Example:**

**9.2 List the material resources controlled (for example, equipment, facilities, supplies, inventory):**

**Section 10 – Specialized Equipment, Instruments, or Computer Programs Used:**

This section gathers information on any specialized equipment, instruments, or computer programs used and the frequency with which they are used (Daily/Weekly/Monthly/Yearly).

|  |  |
| --- | --- |
| **Equipment / Instruments / Computer Programs Used** | **Frequency Used****(Occasionally, Daily, Weekly, Monthly, Quarterly, Yearly)** |
|  |  |

**Section 11 – Mental Challenges, Decision Making and Independent Judgement:**

This section provides a series of situations that may be encountered requiring decision making before taking action and gathers information on the extent to which the position exercises independent action.

**11.1 Do any of the duties for this position involve any of the following?:**

**11.1a Problem Solving** Choose

 **Example:**

|  |
| --- |
| Click here |

**11.1b Conflict Resolution** Choose

 **Example:**

|  |
| --- |
| Click here |

**11.1c Critical Thinking** Choose

 **Example:**

|  |
| --- |
| Click here |

**11.1d Negotiating** Choose

 **Example:**

|  |
| --- |
| Click here |

**11.2 In the table below, please provide specific examples of the decisions or recommendations that you are required to make in your job and the frequency with which you make those decisions:**

|  |  |  |
| --- | --- | --- |
|  | **Example of Decision** | **Frequency** |
| 1. |  | Choose |
| 2. |  | Choose |
| 3. |  | Choose |
| 4. |  | Choose |
| 5 |  | Choose |
| 6. |  | Choose |
| 7. |  | Choose |
| 8. |  | Choose |

**11.3 Please describe how the decisions or recommendations that you make impact programs/services, division/department, other departments, clients/patients, industry/sector or the community.**

**11.4 Please indicate the response that most appropriately describes the position and provide examples.**

 **In this position, most often:**

 **** Duties are very routine with limited options in how the work is completed. Instructions / procedures

 are specific and work is closely supervised.

 **** Duties are less routine and work priorities are determined by the incumbent. Clearly defined

 procedures and methods are followed and work is frequently reviewed

 **** Duties are somewhat complicated with some choices as to what procedure should be followed. Requires a moderate level of judgement in selecting appropriate procedures and standards. Work is periodically reviewed.

  Duties tend to be varying and complex and there is a high degree of independent decision making.

 Some freedom in modifying or changing department methods or procedures but stay within

 program on legislative boundaries. Work is reviewed after the fact.

  Duties are broadly outlined with the work focused on setting departmental policies, goals and

 strategic direction. This position is ultimately accountable for departmental / division

 resources including human, financial, material and capital. The highest level of decision making in

 the organization rests with these positions. Work is completed independently with direction sought

 only when required.

**Examples:**

**Section 12 – Principal Contacts and Working Relationships:**

This section gathers information on the typical contacts or working relationships that are necessary in performing the duties of the position.

**12.1 Excluding the supervisor and any employees supervised, give typical examples of key personal contacts, the purpose of each contact and the frequency (Daily, Weekly, Monthly, Quarterly, Yearly) of the contact.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Contact** | **Purpose** | **Frequency** |
| 1. |  |  | Choose |
| 2. |  |  | Choose |
| 3. |  |  | Choose |
| 4. |  |  | Choose |
| 5 |  |  | Choose |
| 6. |  |  | Choose |
| 7. |  |  | Choose |
| 8. |  |  | Choose |
| 9. |  |  | Choose |
| 10. |  |  | Choose |

**12.2 There are various reasons why an incumbent / position may be required to have contact with various groups or individuals such as other employees, staff, the general public, clients , patients , residents, families, supervisors, vendors, contractors, other government agencies (municipal, federal / provincial, territorial), community groups, or other groups.**

 **Select the reasons from the table below and indicate the frequency (choices are “Not Applicable”, “Almost Never”, “Sometimes”, “Often” or “Most of the Time”) of the contact. Provide examples below the table:**

|  |  |  |
| --- | --- | --- |
|  | **Reason for Contact** | **Frequency** |
| 1. | **Have challenging or difficult conversations** | Choose |
| 2. | **Get information from them** | Choose |
| 3. | **Inform them or provide information to them** | Choose |
| 4. | **Counsel them** | Choose |
| 5 | **Devise mutual goals / objectives with them** | Choose |
| 6. | **Influence and persuade them** | Choose |
| 7. | **Respond to questions** | Choose |
| 8. | **Make presentations** | Choose |
| 9. | **Get advice from them on work procedures** | Choose |
| 10. | **Give advice to them on work procedures** | Choose |
| 11. | **Check on their progress** | Choose |
| 12. | **Lead meetings** | Choose |
| 13. | **Arrange for services** | Choose |
| 14. | **Get cooperation from other parts of the organization on projects and/or programs** | Choose |
| 15. | **Confer with peer professionals** | Choose |
| 16. | **Other** | Choose |

 **Provide examples of those selected. Please ensure to include WHO the contact is with each example:**

**Section 13 – Adverse Working Conditions:**

This section gathers information on the physical effort, visual effort, environmental conditions, hazards, psychological / emotional challenges, or other conditions and unusual factors associated with the position.

**13.1 SENSORY DEMANDS:**

 **Requirement for extended concentration:** Choose

 **Comments / Examples:**

|  |
| --- |
| Click here |

**13.2 PHYSICAL DEMANDS (Working Positions):**

 **13.2a Sitting:** Choose

 **13.2b Walking:** Choose

 **13.2c Bending:** Choose

 **13.2d Driving:** Choose

 **13.2e Lifting:** Choose

 **13.2f Standing:** Choose

 **Comments / Examples:**

|  |
| --- |
| Click here |

**13.3 ENVIRONMENTAL FACTORS:**

 **13.3a Adverse Temperatures (Heat / Cold):** Choose

 **13.3b Odours:** Choose

 **13.3c Noise:** Choose

 **13.4d Weather:** Choose

 **13.2e Other (specify):** Choose

 **Comments / Examples:**

|  |
| --- |
| Click here |

**13.4 HAZARDS:** Choose

 **Comments / Examples:**

|  |
| --- |
| Click here |

**13.5 EMOTIONAL CHALLENGES / STRESS:** Choose

 **Comments / Examples:**

|  |
| --- |
| Click here |

**13.6 UNUSUAL WORKING PERIODS OR WORK SCHEDULES:** Choose

 **Comments / Examples:**

|  |
| --- |
| Click here |

**13.7 OTHER:** Choose

 **Comments / Examples:**

|  |
| --- |
| Click here |