

Public Service Commission

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| POSITION QUESTIONNAIRE FORM (V3.2\_13 May 2025) | | | |
| Section 1 – Position Identification: | | | |
| 1.1 TYPE OF POSITION: Choose |  | 1.3 POSITION NUMBER: Click or tap here to enter text. | |
| 1.2 VACANT: Choose |  | 1.4 FTE: Click or tap here to enter text. | 1.5 UNION: Choose |

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| 1.6 DEPARTMENT: Choose |  | 1.10 POSITION (WORKING) TITLE: |
| 1.7 DIVISION: |  | Click or tap here to enter text. |
| Click or tap here to enter text. |  | 1.11 BILINGUAL: Choose an item. |
| 1.8 WORK SECTION: |  | 1.12 INCUMBENT NAME: |
| Click or tap here to enter text. |  | Click or tap here to enter text. |
| 1.9 WORK Location: |  | 1.13 EMPLOYEE ID: |
| Click or tap here to enter text. |  | Click or tap here to enter text. |

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| 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.) |
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| Click here |

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| 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: | | |
| Click or tap to enter a date. |  |  |
| DATE: |  | Signature: |

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| Section 4 – Employer Certification Signatures: PLEASE COMPLETE AND ATTACH THE EMPLOYER CERTIFICATION SIGNATURE FORM  (NOTE: The signatures contained on the Employee Certification Signature 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, PQ@gov.pe.ca** |
| 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: |

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| 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?):

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| Click or tap here to enter text. |
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| 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 or tap here to enter PERCENT |
| (a) DUTY TITLE |
| Click or tap here to enter text. |
| (b) DUTY STATEMENT |
| Click or tap here to enter text. |
| (c) ASSOCIATED ACTIVITES / TASKS (list in bullet form): |
| * Click or tap here to enter text. |
| DUTY 2 FREQUENCY (%) Click or tap here to enter PERCENT |
| (a) DUTY TITLE |
| Click or tap here to enter text. |
| (b) DUTY STATEMENT |
| Click or tap here to enter text. |
| (c) ASSOCIATED ACTIVITES / TASKS (list in bullet form): |
| * Click or tap here to enter text. |
| DUTY 3 FREQUENCY (%) Click or tap here to enter PERCENT |
| (a) DUTY TITLE |
| Click or tap here to enter text. |
| (b) DUTY STATEMENT |
| Click or tap here to enter text. |
| (c) ASSOCIATED ACTIVITES / TASKS (list in bullet form): |
| * Click or tap here to enter text. |
| DUTY 4 FREQUENCY (%) Click or tap here to enter PERCENT |
| (a) DUTY TITLE |
| Click or tap here to enter text. |
| (b) DUTY STATEMENT |
| Click or tap here to enter text. |
| (c) ASSOCIATED ACTIVITES / TASKS (list in bullet form): |
| * Click or tap here to enter text. |
| DUTY 5 FREQUENCY (%) Click or tap here to enter PERCENT |
| (a) DUTY TITLE |
| Click or tap here to enter text. |
| (b) DUTY STATEMENT |
| Click or tap here to enter text. |
| (c) ASSOCIATED ACTIVITES / TASKS (list in bullet form): |
| * Click or tap here to enter text. |
| Other duties FREQUENCY (%) Click or tap here to enter PERCENT |
| (a) DUTY TITLE |
| Click or tap here to enter text. |
| (b) DUTY STATEMENT |
| Click or tap here to enter text. |
| (c) ASSOCIATED ACTIVITES / TASKS (list in bullet form): |
| * Click or tap here to enter text. |

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| 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. | |
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| 7.1 MINIMUM QUALIFICATIONS (list in bullet form): | |
| * Click or tap here to enter text. | |
| 7.2 OTHER QUALIFICATIONS / ASSETS (list in bullet form): | |
| * Click or tap here to enter text. | |
| 7.3 LANGUAGE REQUIREMENTS FOR DESIGNATED BILINGUAL POSITIONS: | |
| Minimum requirement for this position would be ADVANCED reading and writing skills in both French and English. | Minimum requirement for Bilingual proficiency is ADVANCED oral proficiency or higher. |
| Choose | Choose |
| (If this position requires an ADVANCED PLUS or SUPERIOR level of French Oral Proficiency, please specify that in Section 7.1 (Minimum Qualifications) above. For more information, please contact the PSC Manager of French Language Services.) | |

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| 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. | |
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| 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)? If “NO” proceed to Section 9. | 8.2 If “YES” to the question above, is it “FORMAL” (supervisory / management) or “INFORMAL” (team, committee, project, policy, regulatory, etc). |
| Choose | Choose |
| 8.3 Total number of staff that are directly and indirectly supervised: | 8.4 Number of FTE that are directly and indirectly supervised: |
| Click here | Click here |
| 8.5 List the position(s) that directly report to this position (include the working title, position number and employee name: | |
| Click or tap here to enter text. | |
| 8.6 Worksite: Choose | If “Multiple” worksites, specify below: |
| Click or tap here to enter text. | |

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

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| (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, oversee and evaluate the daily work, and take responsibility for all of the group. | Choose |
| (f) Complete employee performance reviews; administer discipline; and approve / deny leaves of absence. | Choose |
| (g) Conduct workplace investigations / interventions on various HR related issues. | Choose |
| (h) Manage multiple resources, strategic planning and evaluation, organizational design and operational direction of a section or division. | Choose |

IF “YES” TO ANY OF THE QUESTIONS ABOVE, PLEASE SUMMARIZE AND PROVIDE SPECIFIC EXAMPLES BELOW

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| Click or tap here to enter text. |

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| 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. (NOTE: Accountability /Control / Influence descriptions can include terms such as administrative, transactional, advisory, monitoring, reviewing, direct management, indirect management, full budget control, or recommends). |

9.1 Financial Resources:

9.1a Budget

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| --- | --- |
| Budget Amount | Description of Accountability/Control / Influence |
| **$** Click here | Click here |
| **$** Click here | Click here |

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| 9.1b Signing Authority: Choose | If “YES”, what is the maximum limit? $ Click here |
| Example: |  |
| Click or tap here to enter text. | |
| 9.2 List the material resources controlled (for example, equipment, facilities, supplies, inventory): | |
| Click or tap here to enter text. | |

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| 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). |

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| Equipment / Instruments / Computer Programs Used | Frequency Used  (Occasionally, Daily, Weekly, Monthly, Quarterly, Yearly) |
| Click or tap here to enter text. | Choose |
| Click or tap here to enter text. | Choose |

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| 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 |
| Examples  Click or tap here to enter text. | |
| 11.1b Conflict Resolution: | Choose |
| Examples  Click or tap here to enter text. | |
| 11.1c Critical Thinking: | Choose |
| Examples  Click or tap here to enter text. | |
| 11.1d Negotiating: | Choose |
| Examples  Click or tap here to enter text. | |

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:

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|  | **Example of Decision / Recommendation** | **Frequency** |
| 1. |  | Choose |
| 2. |  | Choose |
| 3. |  | Choose |
| 4. |  | Choose |
| 5 |  | Choose |

11.3 Please describe how the decisions or recommendations affect others. Consider the impact on programs or services, immediate team or coworkers, the department or division, other departments or divisions, clients, patients, the public, industry or broader community.

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| Click or tap here to enter text. |

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

In this position, most often:

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|  | 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. |

Please provide examples

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| Click or tap here to enter text. |

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| 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. |

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|  | **Contact** | **Purpose** | **Frequency** |
| 1. |  |  | Choose |
| 2. |  |  | Choose |
| 3. |  |  | Choose |
| 4. |  |  | Choose |
| 5 |  |  | 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:

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|  | **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; Devise mutual goals / objectives with them | Choose |
| 5. | Influence and persuade them | Choose |
| 6. | Respond to questions | Choose |
| 7. | Get advice from them on work procedures | Choose |
| 8. | Give advice to them on work procedures | Choose |
| 9. | Check on their progress | Choose |
| 10. | Get cooperation from other parts of the organization on projects and/or programs | Choose |

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| Click or tap here to enter text. |

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

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| 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 or tap here to enter text. | | | |
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| 13.2 PHYSICAL DEMANDS (Working Positions): | | | |
| 13.2a Sitting: Choose | | 13.2d Driving: Choose | |
| 13.2b Walking: Choose | | 13.2e Lifting: Choose | |
| 13.2c Bending: Choose | | 13.2f Standing: Choose | |
| Comments / Examples  Click or tap here to enter text. | | | |
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| 13.3 ENVIRONMENTAL FACTORS: | | | |
| 13.3a Adverse Temperatures (Heat /Cold): Choose | | 13.4d Weather: Choose | |
| 13.3b Odours: Choose | | 13.2e Other (specify):  Click or tap here to enter text. | |
| 13.3c Noise: Choose | |
| Comments / Examples  Click or tap here to enter text. | | | |
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| 13.4 HAZARDS | | Choose | |
| Comments / Examples  Click or tap here to enter text. | | | |
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| 13.5 EMOTIONAL CHALLENGES / STRESS: | | Choose | |
| Comments / Examples  Click or tap here to enter text. | | | |
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| 13.6 UNUSUAL WORKING PERIODS OR WORK SCHEDULES | | Choose | |
| Comments / Examples  Click or tap here to enter text. | | |
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| 13.7 OTHER | | Choose | |
| Comments / Examples  Click or tap here to enter text. | |
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