

**THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER
POSITION DESCRIPTION QUESTIONNAIRE (PDQ)**

POSITION INFORMATION:

Name of Current Holder (if occupied):

Personnel No.:

IRIS Position Number:

Pay Grade:

Position Title:

Job Title:

Name of Supervisor:

Phone:

Responsible Cost Center Number and Name:

Department Contact:

Email address:

Phone:

REASON FOR EVALUATION:

New Position

Reclassification Request (Significant Change in Duties)

Reorganization

Standard Review Cycle

Vacant Position

Name of Last Incumbent:

Other (Please Specify):

HR/PERSONNEL USE ONLY:

Analysis: KH _____ PS _____ ACC _____

Total Points: _____

Job Title: _____

Pay Grade: _____

Job Family: _____

FLSA Category: Exempt Non-Exempt

Comments:

Name of Current Holder (if occupied):	Position No.:
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A. POSITION SUMMARY:
Why (or for what reason) does this position exist?

B. MEASURES OF IMPACT:
What areas does this position impact? (Mark all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Program | <input type="checkbox"/> Campus/Institute |
| <input type="checkbox"/> Department | <input type="checkbox"/> University |
| <input type="checkbox"/> Division/College | <input type="checkbox"/> External to the University |

Describe the level of responsibility this position has in the area(s) checked above.

What type of budget impact does this position have on the area(s) for which it is responsible?

- | | |
|---|-------------------------------|
| <input type="checkbox"/> Full authority to commit funds (Explain)* | Size of budget impacted _____ |
| <input type="checkbox"/> Effective recommendations to commit funds (Explain)* | Size of budget impacted _____ |
| <input type="checkbox"/> Maintain or audit funds committed (Explain)* | Size of budget impacted _____ |
| <input type="checkbox"/> Little or no budget responsibility | |

***Explanation:**

C. POSITION DUTIES:
What are the essential functions and responsibilities of this position (please indicate approximate percentage of time devoted to each function)?

<u>Function/Responsibility</u>	<u>% of Time</u>
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D. DECISIONS:
What types of decisions does this position make?

What types of decisions are referred to others?

How are decisions implemented?

E. SUPERVISION:
What types of supervisory responsibility does this position exercise?

- Hiring, disciplining, supervising, granting increases (Explain)*
- Effective recommendations in hiring, etc. (Explain)*
- Providing work direction to a group of employees (Explain)*
- Assisting others by providing guidance (Explain)*
- Little or no supervisory responsibility

***Explanation:**

Number or employees/students that this position supervises:

_____ Exempt employees

_____ Students

_____ Non-exempt employees

_____ Others (Explain)*

***Explanation:**

F. MINIMUM QUALIFICATIONS:

What are the minimum qualifications in terms of education, experience, job skills, and physical requirements of the job which would be required?

Education:

Experience:

Job Skills:

Physical Requirements: (Please complete attached chart)

G. ADDITIONAL INFORMATION:

Please provide any additional information you believe will assist in understanding this position:

***Attach the Departmental Organizational Chart prepared by your department with names and titles (include to whom this position reports, others who report to the same individual, and who reports to this position).**

H. APPROVAL:

This Position Description Questionnaire (PDQ) has been reviewed by the individuals whose signatures appear below, indicating that the PDQ accurately reflects the job content of the position:

Employee Signature

Date

Supervisor's Signature

Date

Dean, Director, or Dept Head

Date

PHYSICAL REQUIREMENTS DEFINITIONS

Climbing – Ascending or descending ladders, stairs, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized. This factor is important if the amount and kind of climbing required exceeds that required for ordinary locomotion.

Balancing – Maintaining body equilibrium to prevent falling when walking, standing or crouch on narrow, slippery or erratically moving surfaces. This factor is important if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium.

Stooping – Bending body downward and forward by bending spine at the waist. This factor is important as it occurs to a considerable degree and requires full use of the lower extremities and back muscles.

Kneeling – Bending legs at knee to come to a rest on knee or knees.

Crouching – Bending the body downward and forward by bending leg and spine.

Crawling – Moving about on hands and knees or hands and feet.

Reaching – Extending hand(s) and arm(s) in any direction.

Standing – Particularly for sustained periods of time.

Walking – Moving about on foot to accomplish tasks, particularly for long distances.

Static Position – Maintaining the same body position for a period of time in order to complete a task.

Pushing – Using upper extremities to press against something with steady force in order to thrust forward, downward or outward.

Pulling – Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.

Lifting – Raising objects from a lower to a higher position or moving objects horizontally from position to position. This factor is important if it occurs to a considerable degree and requires the substantial use of the upper extremities and back muscles.

Fingering – Picking, pinching, typing, or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling.

Grasping – Applying pressure to an object with the fingers and palm.

Feeling – Perceiving attributes of objects, such as size, shape, temperature or texture by touching skin, particularly that of fingertips.

Talking – Expressing or exchanging ideas by means of spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly or quickly.

Hearing – Perceiving the nature of sounds with no less than 4 db loss @ 500 Hz, 1,000 Hz and 2,000 Hz with or without correction. Ability to receive detailed information through oral communication and to make fine discriminations in sound, such as when making fine adjustments on machined parts.

Seeing – The ability to perceive the nature of objects by the eye. Seeing is important for hazardous positions in which defective seeing would result in injury and positions in which special and minute accuracy, inspecting and sorting exist. A high degree of visual efficiency, placing intense and continuous demands on the eyes by moving machinery and other objects are also considered important. Other important factors of seeing are acuity (near and far), depth perception (three-dimensional vision), accommodation (adjustment of lens of eye to bring an object into sharp focus), field of vision (area that can be seen up and down or to the right or left while eyes are fixed on a given point) and color vision (ability to identify and distinguish colors).

Repetitive Motions – Frequent, sustained movement patterns of the upper extremities (fingers, hands, wrists, elbows, shoulders).

Carrying – The physical act of manually transporting objects from one to another.

Driving – The physical act of operating a motor vehicle.

PHYSICAL REQUIREMENTS

Check physical demands that must be met to perform the essential functions of this position. If a Requirement is not applicable, leave blank. (See Physical Requirements Definitions page.)

Amount of Time Spent per Work Day			
<u>Requirements</u>	<u>Up to 1/3</u>	<u>1/3 – 2/3</u>	<u>2/3 or more</u>
Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Balancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stooping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crouching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Static Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pushing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pulling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fingering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grasping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repetitive Motions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carrying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If this position requires lifting and carrying, please complete the following chart.

Check Both Amount of Time Spent per Work Day and From Which Level							
-----Time Spent per Work Day-----				-----Level-----			
<u>Weight</u>	<u>None</u>	<u>Up to 1/3</u>	<u>1/3 - 2/3</u>	<u>2/3 or more</u>	<u>Waist</u>	<u>Knee</u>	<u>Floor</u>
Up to 10 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Up to 25 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Up to 50 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Up to 100 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than 100 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DEPARTMENTAL ORGANIZATIONAL CHART

