

# Oklahoma Department of Corrections POSITION DESCRIPTION QUESTIONNAIRE

## Part 1 - GENERAL INFORMATION

Name and Employee Identification Number of Employee Occupying the Position or if Position is not Occupied, Indicate Whether Position is New or Vacant	Current Official Job Title (Do not use "working" title)	
Facility/Unit	Current Date	PIN:
Name and Work Telephone of Appointing Authority or Designee Completing this Form	Job Title of Appointing Authority or Designee Completing this Form	

- Attachments required:
1. Organizational Chart identifying position (highlighted or circled).
  2. Unscored performance appraisal accountability statements for.

## Part 2 - DESCRIPTION OF DUTIES PERFORMED

**A.** Briefly, what is the basic purpose of the position?

**B.** List the five to ten primary functions of the position. Describe these duties so specifically that they will be clear to someone who is not familiar with the work. Please estimate the percentage of time spent performing each duty. The total of the percentages should equal 100%. If supervisory duties are assigned, be sure to describe those duties in detail as well. Please rank the duties in order of importance (most important first).

Percentage of Time Spent	Duty Statements



Position is provided with technical and administrative freedom to plan, develop and organize all phases of the work necessary for its completion within broad program guidelines.

**Part 7 – PERSONAL CONTACTS**

Describe the different kinds of people contacted in carrying out the work. Describe the purpose, nature and frequency of these contacts. Also indicate whether they are in person, by correspondence or by telephone.

**Part 8 – FISCAL IMPACT OF WORK (If none, please write NONE.)**

A. List the approximate payroll cost for positions supervised: \_\_\_\_\_

B. List the approximate operating budget for which the position is personally responsible: \_\_\_\_\_

C. List and describe other dollar amounts for which the position has direct responsibility: \_\_\_\_\_

**Part 9 - SPECIAL REQUIREMENTS**

What licenses or certificates are required to perform the work? List the source for such licenses or certificates.

**Part 10 - SECTION FOR APPOINTING AUTHORITY OR DESIGNEE**

I certify that the responses to this questionnaire are, to the best of my knowledge, complete and accurate and reflect the duties assigned to this position on a regular and consistent basis.

\_\_\_\_\_  
Signature of Appointing Authority or Designee Completing this Section Date

**ATTACH A CURRENT ORGANIZATION CHART AND HIGHLIGHT OR CIRCLE THE AFFECTED POSITION  
ATTACH A PMP (ACCOUNTABILITIES ONLY)**

<b>FOR CENTRAL HUMAN RESOURCES USE ONLY</b>	
<input type="checkbox"/> Allocated to New Job	<input type="checkbox"/> Allocated to Existing Job
Job Title and Code _____	
Approved by: _____ Name and Title	Date: _____