

Government of Newfoundland and Labrador Position Description Questionnaire

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Introduction

The government of Newfoundland and Labrador is committed to introducing a new job evaluation system and classification framework for approximately 25,000 unionized positions within government departments, the education sector, the healthcare sector and selected government agencies.

Deloitte Inc. was selected to work with the Public Service Secretariat (PSS), Department of Classification and Compensation to develop a new job evaluation system that is free of gender bias and ensures equity. The overall objective is a new Job Evaluation System that is flexible, user-friendly, efficient, transparent, simple to understand, and consistent in its application.

Purpose of Position Description Questionnaire

This Position Description Questionnaire (PDQ) allows us to gather information to measure the degree of Skill, Effort, Responsibility and Working Conditions associated with each position. The questionnaire is designed to help you describe your position functions clearly and accurately. It does not focus on your performance, your qualifications, or how well you do your job, but rather on the **requirements** of the position and **what the position itself involves**.

Employers have approved the time needed for employees to complete the PDQ. We anticipate that approximately 3 - 6 hours of your time will be required to complete the questionnaire. Please note that you will be provided time during your normally scheduled hours of work to complete this questionnaire or you can complete this questionnaire from home. Please work with your supervisor/manager in advance to determine the most appropriate time and location for you to complete this questionnaire.

Instructions and Process for PDQ Completion

- You have been selected to complete the PDQ. You will receive the training materials and PDQ via an e-mail attachment. If you do not have access to a computer or have not provided an e-mail address, please contact your Supervisor/Manager, HR Unit or Classification and Compensation Division for a copy of the training materials and PDQ.
- Once training is completed, the PDQ should take between approximately three (3) to six (6) hours of dedicated time in total to complete. **The PDQ can be completed either at work or optionally at home. Employers have approved the time needed for employees to complete the PDQ.** Please work with your Supervisor/Manager in advance to determine the most appropriate time and location for you to complete the PDQ.
- The completed PDQ should be **returned to Classification and Compensation Division within 20 working days of your training class.**

- **You have two options for completing the PDQ: paper format or electronic format.** The following describes the process you should follow when completing the PDQ.

Option 1: PAPER FORMAT PDQ

- **Employee** should complete the PDQ and sign the last page to acknowledge completion.
- **Supervisor/Manager** should add comments to the “Supervisor/Manager’s Comments” section ONLY and sign last page to acknowledge completion.
- **Supervisor/Manager** provides and discusses “Supervisor/Manager’s Comments” section with the employee. The **employee** should sign the last page “Employee review of Supervisor/Manager comments” to acknowledge review.
- **Supervisor/Manager** should send the completed PDQ to Permanent Head/Designate for a second level of sign-off.
- **Permanent Head/Designate or HR Unit**, should provide the employee with a final copy of the PDQ and then **mail** the completed PDQ to the Classification and Compensation Division:
Classification and Compensation Division, PSS
P.O. Box 8700
St. John’s, NL A1B 4J6

Option 2: ELECTRONIC FORMAT PDQ

- **Employee** should complete the PDQ and add their name as a signature to the last page of the document to acknowledge completion. The employee should email the completed PDQ to their Supervisor/Manager.
- **Supervisor/Manager** should add comments to the “Supervisor/Manager’s Comments” section ONLY and add their name as signature to last page of the document to acknowledge completion.
- **Supervisor/Manager** provides and discusses “Supervisor/Manager’s Comments” section with the employee. The **employee** should add their name as a signature to the last page in “Employee review of Supervisor/Manager comments” to acknowledge review.
- **Supervisor/Manager** should email the completed PDQ to Permanent Head/Designate for a second level of sign-off.
- **Permanent Head/Designate or HR Unit**, should email a final copy of the PDQ to the employee and then **email** the completed PDQ to the Classification and Compensation Division: JES@gov.nl.ca.

Reminders and Tips for PDQ Completion

- While we encourage you to use your current position description as a guide, we caution against relying upon it exclusively as the only source of position information. We want to make sure that the information we collect is detailed, accurate and up-to-date.
- Take your time in completing the questionnaire. You have approximately 20 days post-training session to complete the PDQ. Some of the questions are a “check-box”, while other questions will be free form answers. There is sufficient space provided for brief answers. (Note: Supervisors/Managers should have their section completed within one week of the employee’s PDQ completion. See process information in the previous section.)
- Do not include personal information. Limit your responses to describing the requirements and responsibilities of the position.
- Please provide clear and concise answers. You may use point-form or sentences when answering questions.
- Please answer the questionnaire fully and factually. Answer all the questions in a way that will enable a person who is not familiar with the position to understand it.
- Use simple sentences when describing position details and try to start sentences with action words whenever possible (e.g. cleans all areas; types reports and letters; builds shelving; designs forms; treats patients).
- When answering the questions, please provide one or two examples whenever possible.
- You should also consult with your Supervisor/Manager and HR Unit if you need assistance when completing.
- If you have **any questions or problems as you are completing the PDQ that cannot be answered by your Supervisor/Manager or HR Unit, please contact the Classification and Compensation Division by phone 1-888-729-3383 or email JES@gov.nl.ca** and your inquiry will be responded to within one regular business day.

Thank you for your participation.

1.0 Position Identification

| | |
|----------------------------------------------------------------------------------|----------------------|
| Your Last Name: | <input type="text"/> |
| Your First Name: | <input type="text"/> |
| Your Position Title: | <input type="text"/> |
| Your Job Classification Title and Level (if different from your position title): | <input type="text"/> |
| Employer/Government Department: | <input type="text"/> |
| Branch/Division/Unit/Etc.: | <input type="text"/> |
| Work Mailing Address 1: | <input type="text"/> |
| Work Mailing Address 2: | <input type="text"/> |
| Work City/Town: | <input type="text"/> |
| Work Province: | <input type="text"/> |
| Work Postal Code | <input type="text"/> |
| Work Telephone No.: | <input type="text"/> |
| E-mail Address: | <input type="text"/> |
| Immediate Supervisor/Manager Last Name: | <input type="text"/> |
| Immediate Supervisor/Manager First Name: | <input type="text"/> |
| Immediate Supervisor/Manager Position Title: | <input type="text"/> |
| Immediate Supervisor/Manager Telephone No.: | <input type="text"/> |
| Immediate Supervisor/Manager Office Email address: | <input type="text"/> |
| Permanent Head / Designate Last Name: | <input type="text"/> |
| Permanent Head / Designate First Name: | <input type="text"/> |
| Permanent Head / Designate Position Title: | <input type="text"/> |
| Permanent Head / Designate Telephone No.: | <input type="text"/> |
| Permanent Head / Designate Office Email address: | <input type="text"/> |
| Internal Use Only | |
| Your Job Class Number: | <input type="text"/> |
| Position Control Number(PCN): | <input type="text"/> |

3.0 Key and Periodic Activities

Before listing your key activities, please identify how many regular hours you work per week.

Note: Please indicate regularly scheduled work hours, this does not include overtime hours.

| | |
|--------------------------|----------------------------------------------|
| <input type="checkbox"/> | 10 hours |
| <input type="checkbox"/> | 20 hours |
| <input type="checkbox"/> | 30 hours |
| <input type="checkbox"/> | 35 hours |
| <input type="checkbox"/> | 37.5 hours |
| <input type="checkbox"/> | 40 hours |
| <input type="checkbox"/> | 45 hours |
| <input type="checkbox"/> | Other (please specify): <input type="text"/> |

This section asks you to:

1. List and describe the **key activities** that you are required to perform in your position.
2. List any other activities that are undertaken on a **periodic basis** (e.g. monthly, annual, etc) and that are important to your position.

Where possible, **list the key activities of the position in order of importance first**, being sure to include the percentage of time spent on each activity.

Identify the percentage of time each activity is performed (see conversion table below to help you with this activity). **Your total activities for this section (both key and periodic) should add to 100%.** Note: The timeframe for activities may vary depending on the structure of your position or type of work performed within your position (e.g. daily, weekly, monthly, annually, seasonal). Please include this timeframe in your activity description.

Most positions would consist of 5 to 7 key activities. Please enter at least one activity.

Tips:

- Use simple sentences when describing key activities, beginning with action verbs whenever possible.
- Avoid using words such as "participates" or "assists" since they are vague and they do not clarify the position's specific functions.
- Think of the "activity" as a broad category; for example, "typing"; then, in the space provided, give examples of what is involved in that activity (e.g. "typing reports, letters, agendas, newsletters daily").
- Focus on what is done as opposed to how duties are performed. Include examples. Think of activities performed on a regular basis.

The following conversion table is used as a guide to help estimate time percentages spent on activities. The table is organized by the number of regular hours worked per week and the time spent per activity. In reading this table you should first identify your hours worked per week, then identify the time spent on that activity to determine the percentage.

Note: This does not include overtime hours.

| | | 45.0 hours | 40.0 hours | 37.5 hours | 35.0 hours | 30.0 hours | 20.0 hours |
|-------------------------|------------------|---------------|---------------|---------------|---------------|---------------|---------------|
| Time Spent per Activity | 1 hour per day | 11% | 13% | 13% | 14% | 17% | 25% |
| | 1 hour per week | 2% | 3% | 3% | 3% | 3% | 5% |
| | 1 hour per month | 1% | 1% | 1% | 1% | 1% | 1% |
| | 1 day per week | 20% | 20% | 20% | 20% | 20% | 20% |
| | 1 day per month | 5% | 5% | 5% | 5% | 5% | 5% |
| | 1 week per month | 23% | 23% | 23% | 23% | 23% | 23% |
| | 1 week per year | 2% | 2% | 2% | 2% | 2% | 2% |
| | 1 month per year | 8% | 8% | 8% | 8% | 8% | 8% |

The following are a list of examples based on the conversion table above:

1. If you worked a **40 hour** work week and spent approximately **1 hour per week** on an activity, the percentage of time spent on that activity would be 3%
2. If you worked a **35 hour** work week and spent **1 day per month** on an activity, the percentage of time spent on that activity would be 5%.
3. If you worked a **37.5 hour** work week and spent **1 hour per day** on an activity, the percentage of time spent on that activity would be 13%.
4. If you worked a **35 hour** work week and spent **30 minutes per day** on an activity, the percentage of time spent on that activity would be 7%.
5. If you worked a **45 hour** work week and spent **3 hours per week** on an activity, the percentage of time spent on that activity would be 6%.
6. If you worked a **37.5 hour** work week and spent **4 hours per month** on an activity, the percentage of time spent on that activity would be 4%.

Reminder:

When completing this section, activities should be listed by importance first. Be sure to add the percentage of time spent on each activity. Your total activities for this entire section (both key and periodic) should add to 100%.

| Key Activity 1: | |
|----------------------------------|--|
| Description: | |
| | |
| | |
| Approximate % of Time: (%) | |

| Key Activity 2: | |
|----------------------------------|--|
| Description: | |
| | |
| | |
| Approximate % of Time: (%) | |

Key Activity 3:

Description:

Approximate % of Time: (%)

Key Activity 4:

Description:

Approximate % of Time: (%)

Key Activity 5:

Description:

Approximate % of Time: (%)

Key Activity 6:

Description:

Approximate % of Time: (%)

Key Activity 7:

Description:

Approximate % of Time: (%)

Key Activity 8:

Description:

Approximate % of Time: (%)

Key Activity 9:

Description:

Approximate % of Time: (_____ %)

Key Activity 10:

Description:

Approximate % of Time: (_____ %)

In the table below, list any other activities that are undertaken on a **periodic basis (e.g. monthly, annual, etc.)** and are important to your position. Please include the percentage of time spent on these activities. **Activities should be listed by order of importance first. Your total activities for this section (both key and periodic) should add to 100%.**

| Periodic Activity 1: | |
|-----------------------------------|--|
| <i>Description:</i> | |
| | |
| | |
| Approximate % of Time: (_____)% | |

| Periodic Activity 2: | |
|-----------------------------------|--|
| <i>Description:</i> | |
| | |
| | |
| Approximate % of Time: (_____)% | |

| Periodic Activity 3: | |
|-----------------------------------|--|
| <i>Description:</i> | |
| | |
| | |
| Approximate % of Time: (_____)% | |

| Periodic Activity 4: | |
|----------------------------------|--|
| <i>Description:</i> | |
| | |
| | |
| Approximate % of Time: (%) | |

| Periodic Activity 5: | |
|----------------------------------|--|
| <i>Description:</i> | |
| | |
| | |
| Approximate % of Time: (%) | |

4.0 Factor 1: Knowledge

Note: For assistance in completing this section, please reach out to your Supervisor/Manager or Human Resource Unit.

This section collects information about the minimum level of job knowledge (skills, expertise, know-how and ability) required to perform the work. It looks at aspects of work that require training and practice, and varying levels of skills, taking into account breadth and depth of knowledge. This section also focuses on the skills required to do the job rather than the position holder’s academic credentials or experience.

4.1 Please indicate which statement best applies to the knowledge required for your position. (Please select only one statement below.)

Table with 2 columns: Selection box [] and Statement text. Statements describe levels of knowledge from basic procedures to specialized, evolving fields.

Please explain or provide examples of the above.

Seven horizontal lines provided for writing an explanation or examples.

4.2 I use the required knowledge identified above for the following (please select all that apply):

| | |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | To <u>follow</u> basic instructions and work processes. |
| <input type="checkbox"/> | To <u>apply</u> established techniques to the completion of activities. |
| <input type="checkbox"/> | To <u>coordinate</u> a range of related work or project activities. |
| <input type="checkbox"/> | To <u>develop</u> new solutions to deal with new problems. |
| <input type="checkbox"/> | To <u>design/develop</u> new programs, methods, treatments, procedures, initiatives or directives for the organization. |
| <input type="checkbox"/> | To <u>provide advice</u> to others on how to solve a problem or address an issue. |
| <input type="checkbox"/> | Other (please specify): <input type="text"/> |
| <input type="checkbox"/> | Other (please specify): <input type="text"/> |
| <input type="checkbox"/> | Other (please specify): <input type="text"/> |

Please provide examples of the selections above:

4.3 Which of the following skills/abilities do you need to do your position? (Please select all that apply.)

| | |
|--------------------------|----------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Proofread, edit and format documents. |
| <input type="checkbox"/> | Operate a computer to prepare documents or access databases. |
| <input type="checkbox"/> | Operate a computer to perform mathematical analyses like regressions, ratios, means and averages. |
| <input type="checkbox"/> | Write straightforward text such as a memo or simple letter. |
| <input type="checkbox"/> | Write text such as detailed letters, policies or directives where tone and style are important. |
| <input type="checkbox"/> | Write text to communicate complicated or conceptual ideas where clarity and precision of language is critical. |

| | |
|--------------------------|----------------------------------------------|
| <input type="checkbox"/> | Repair or calibrate machinery. |
| <input type="checkbox"/> | Operate machinery. |
| <input type="checkbox"/> | Conduct analysis or assessment. |
| <input type="checkbox"/> | Other (please specify): <input type="text"/> |
| <input type="checkbox"/> | Other (please specify): <input type="text"/> |
| <input type="checkbox"/> | Other (please specify): <input type="text"/> |

Please provide examples of skills/abilities selected above

4.4 What is the minimum level of education required for your position? (Please select all that apply.)

Note: For assistance in answering this question, please reach out to your Supervisor/Manager or Human Resource Unit.

| | | | |
|--------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------|
| <input type="checkbox"/> | High School Diploma | <input type="checkbox"/> | Journeyperson |
| <input type="checkbox"/> | 1 Year Specialized Post Secondary Diploma | <input type="checkbox"/> | Undergraduate Degree |
| <input type="checkbox"/> | 2 Year Specialized Post Secondary Diploma | <input type="checkbox"/> | Graduate Degree |
| <input type="checkbox"/> | 3 Year Specialized Post Secondary Diploma | | |
| <input type="checkbox"/> | Professional Designation and/or Licensure (e.g. P Eng, CA, RN, LPN) Please list: <input type="text"/> | <input type="checkbox"/> | Other (e.g. PhD) Please list: <input type="text"/> |

Please indicate the nature of the required training, (e.g. computer studies, business, nursing studies, electrical apprenticeship).

Five horizontal lines for text entry.

4.5 What is the minimum level of related job experience required to perform job duties competently? (Please select only one.)

Note:

- Competently is defined as meeting the requirements and expectations of the job.
- For assistance in answering this question, please reach out to your Supervisor/Manager or Human Resource Unit.
- Look at what knowledge is required to do your job; not your personal qualifications.

Table with 4 columns: checkbox, text, checkbox, text. Rows include: None, Less than 1 year, 1 to 2 years, 2 to 3 years, 3 to 4 years, 4 to 5 years, 6 to 7 years, 8 to 9 years, 10 or more years.

5.0 Factor 2: Interpersonal Skills

This section focuses on the job requirements for using interpersonal skills. It considers the complexity of different communication behaviours, the purpose for interaction, and the situations in which contact occurs. This also covers a broad spectrum of interpersonal skills ranging from exchanging information to listening, explaining, disclosing, persuading, motivating and negotiating. Although certainly not exhaustive, other interpersonal skills include helping, advising, facilitating, counseling, nurturing, mentoring and presenting. Given the breadth of situations in which interpersonal skills can be applied, particular attention should be paid to the purpose and context of interaction.

In responding to the following questions consider all forms of interpersonal contact, both within and across the organization, as well as outside or external to the organization.

5.1 How often does your position involve interaction with the following?

| <i>Please check the applicable response for each statement below.</i> | Daily | Weekly | Monthly | Seasonally / Occasionally | Does Not Apply |
|-----------------------------------------------------------------------------------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| Employees within the immediate work area | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Employees or peers within the Department/Group | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Employees or peers in other Departments/Groups but within the organization | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Employees or peers outside the organization but employed with the Government of Newfoundland and Labrador | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Supervisors or Managers | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Suppliers or Contractors | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Sales Representatives | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Students/Trainees | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Other Municipal, Provincial or Federal Government Representatives | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Customers/ Clients/ Patients/ General Public | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Internal Department/Group Executives | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| External Department/Group Executives | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Professional Associations | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Professional Advisors (I.e. internal and/or external subject-matter experts). | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Other (please specify): | | | | | |
| [] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| [] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| [] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |

5.2 From the above question please list your three most significant contacts in your position (i.e. most noteworthy, influential and/or important) and describe the purpose and frequency of these contacts:

1. _____

2. _____

3. _____

5.3 How often are the following interpersonal skills required in your position?

| <i>Please check the applicable response for each statement below.</i> | Daily | Weekly | Monthly | Seasonally / Occasionally | Does Not Apply |
|--------------------------------------------------------------------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| Listening to information from other people. | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Asking questions to get information. | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Providing routine information and direction to others. | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Communicating complex (e.g. non-routine, specialized) information and direction to others. | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Providing care, comfort or nurturing to others. | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Conducting formal interviews. | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Promoting or selling products, services or ideas. | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Negotiating contracts and agreements. | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Instructing, teaching or training. | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Coaching or mentoring. | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Facilitating/moderating meetings and/or sessions. | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Making formal presentations to groups of people. | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Gaining the cooperation of others to complete work, address issues and/or solve problems. | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Dealing with upset or angry people on the phone. | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Dealing with upset or angry people face-to-face. | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Providing expert advice or counselling to others. | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Resolving disputes between people. | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |

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| <i>Please check the applicable response for each statement below.</i> | Daily | Weekly | Monthly | Seasonally / Occasionally | Does Not Apply |
|-----------------------------------------------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|----------------|
| Other (please specify): | | | | | |
| <input type="text"/> | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | |
| <input type="text"/> | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | |
| <input type="text"/> | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | |

5.4 Please provide detailed examples from the skills selected above of the most important interpersonal/communication skills used in performing your position.

6.0 Factor 3: Physical Effort

This section focuses on the amount of physical effort associated with the job. Characteristics to be considered include:

- Physical exertion and handling (e.g. lifting, carrying, pushing, pulling, or wearing cumbersome or restrictive clothing or equipment)
- Manual dexterity (This includes both gross and fine motor skills. Gross skills include abilities required in order to control the large muscles of the body for walking, running, sitting, crawling, and other activities. Fine motor skills include small movements of the hands, wrists, fingers, feet, and toes.)
- Body postures and movements (e.g. walking, standing, sitting, climbing, bending)
- Body control and reflex requirements while using mechanical and other aids to meet the physical demands of the work

6.1 Please respond to the following (please select only one of “occasionally”, “regularly”, “constantly”, and “does not apply” in terms of your typical work day for each statement).

| <i>Please check the applicable response for each statement below.</i> | Occasionally (up to 32% of the time) | Regularly (33% to 66% of the time) | Constantly (more than 67% of the time) | Does Not Apply |
|------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------|-------------------------------------------|------------------------------|
| How often does the job require the following manual or physical activities? | | | | |
| Fine finger or precision work (e.g. computer, mouse or medical instrument) | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Using hand tools that require accurate control and steadiness | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Gross motor skills (e.g., large movements requiring strength and coordination) | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Using machinery or equipment that requires very controlled movement | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Operating heavy equipment | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Using equipment that requires rapid physical movement and reflexes | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Maintaining physical balance | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| How often does the job require the following body postures? | | | | |
| Sitting | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Standing | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Walking | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Climbing | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Driving | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |

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| <i>Please check the applicable response for each statement below.</i> | Occasionally (up to 32% of the time) | Regularly (33% to 66% of the time) | Constantly (more than 67% of the time) | Does Not Apply |
|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------|--------------------------------------------------|------------------------------|
| Awkward or cramped positions or body movement (i.e. bending, kneeling, stretching) | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| How often do the demands of the job result in considerable fatigue, requiring periods of rest? | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| How often is there a need for strength and/or endurance in the job? | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| On average, how often is lifting or moving required? | | | | |
| Objects less than 10 lbs. | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Objects 10 to 25 lbs. | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Objects 25 to 50 lbs. | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Objects over 50 lbs. | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| How often does the job require physically handling materials or other objects (lifting, carrying, pushing, pulling)? | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Other (please specify): | | | | |
| <input type="text"/> | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | |
| <input type="text"/> | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | |
| <input type="text"/> | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | |

6.2 Considering your selections above, please provide specific detailed examples of the kinds of physical demands required in your position.

7.0 Factor 4: Concentration

This section focuses on the aspects of the job that require concentration or alertness. Characteristics to be considered include:

- Visual concentration and eyestrain
- Hearing concentration and strain
- Other sensory concentration (e.g. touch, smell, taste)
- Repetitiveness of tasks requiring alertness
- The need for exact results or precision
- The effect of interruptions
- Time pressures to complete tasks
- Control over work pace
- Higher than normal levels of attentiveness and carefulness
- Alertness to ensure the health and safety of others (e.g. performance of firefighting operations)
- Eye/hand coordination
- Nature of information or data being processed

7.1 Please respond to the following (please select only one of “occasionally”, “regularly”, “constantly”, and “does not apply” in terms of your typical day) for each statement

| | Occasionally (up to 32% of the time) | Regularly (33% to 66% of the time) | Constantly (more than 67% of the time) | Does Not Apply |
|------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------|-------------------------------------------|------------------------------|
| <i>Please check the applicable response for each statement below.</i> | | | | |
| How often does your position do the following activities requiring concentration? | | | | |
| Visual concentration or alertness | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Hearing concentration or strain | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Other sensory concentration (e.g. touch, smell, taste) | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Exact results and precision | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Eye/hand coordination | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Repetition requiring alertness | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Alertness to ensure health and safety of others | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Higher than normal levels of attentiveness and carefulness | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Other (please specify): | | | | |

| <i>Please check the applicable response for each statement below.</i> | Occasionally (up to 32% of the time) | Regularly (33% to 66% of the time) | Constantly (more than 67% of the time) | Does Not Apply |
|-----------------------------------------------------------------------|------------------------------------------------|----------------------------------------------|--------------------------------------------------|------------------------------|
| <input type="text"/> <input type="text"/> <input type="text"/> | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | |
| | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | |
| | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | |
| How often is your job impacted by the following? | | | | |
| Time pressures/deadlines | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Interruptions | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Lack of control over work pace | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Other (please specify): | | | | |
| <input type="text"/> <input type="text"/> <input type="text"/> | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | |
| | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | |
| | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | |

7.2 Please provide specific examples of the kinds of visual concentration required in your position including intensity (i.e. difficulty or strain) on those demands.

7.3 Please provide specific examples of the kinds of hearing demands required in your position including intensity (i.e. difficulty or strain) on those demands.

7.4 Please provide specific examples of the kinds of other sensory demands (e.g. touch, smell) required in your position including intensity (i.e. difficulty or strain) on those demands.

7.5 Please provide specific detailed examples of the exact results and precision required in your position.

7.6 Please provide specific detailed examples of repetition requiring alertness in your position.

7.7 Please provide specific detailed examples of a) time pressures b) deadlines and/or c) interruptions in your position.

7.8 Please provide specific detailed examples of when you do not have control over the pace of the work required in your position.

7.9 Please provide specific detailed examples where your position requires higher than normal levels of attentiveness or alertness for the health and safety of others.

7.10 Please provide specific detailed examples of eye/hand coordination required in the position.

8.0 Factor 5: Complexity

This section focuses on the amount and difficulty of analysis, problem solving, creativity and/or reasoning required to perform the job. This section measures the conceptual demands of the position as characterized by:

- Analysis and interpretation required for problem and solution definition
- Creativity
- Breadth and depth of job scope
- Mental challenge
- Degree of position structure and planning requirements

8.1 Which of the following statements best describes your position?

Please select only one response from the statements below.

| | Yes |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| A series of tasks or activities that are similar/related in terms of the skills and knowledge used and where the tasks are usually well defined. | [<input type="checkbox"/>] |
| A series of tasks and activities that are quite different but allow me to use similar skills and knowledge. | [<input type="checkbox"/>] |
| A series of tasks and activities that are different/unrelated and require me to use a broad range of skills and a diversity of knowledge. | [<input type="checkbox"/>] |

8.2 In describing the work completed within your position, please respond to the following (select only one of “occasionally”, “regularly”, “constantly”, or “does not apply” in terms of your typical day) for each statement.

Please check the applicable responses for each statement below.

| | Occasionally (up to 32% of the time) | Regularly (33% to 66% of the time) | Constantly (more than 67% of the time) | Does Not Apply |
|--------------------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------|-------------------------------------------------|------------------------------|
| Tasks that are repetitive/well defined. | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Tasks that are different but related. | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Tasks that are different and unrelated. | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Tasks for which a limited number of guidelines or procedures exist. | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Tasks for which no guidelines or procedures exist. | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Diverse tasks involving a wide variety of responsibilities and situations. | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Simple challenges/problems/issues with obvious solutions. | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Challenges/problems/issues that are well-defined, for which a limited number of solutions exist. | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Challenges/problems/issues that can be addressed by following procedures and/or guidelines. | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Challenges/problems/issues with limited opportunity for standardized solutions. | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |

| <i>Please check the applicable responses for each statement below.</i> | Occasionally (up to 32% of the time) | Regularly (33% to 66% of the time) | Constantly (more than 67% of the time) | Does Not Apply |
|-----------------------------------------------------------------------------------------|--------------------------------------------|---------------------------------------------|-------------------------------------------------|------------------------------|
| Challenges/problems/issues that must be defined, and practical solutions found. | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Creative problem definition and analysis, and development of complex solutions. | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| High technical tasks or problems. | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Tasks with strategic or policy significance. | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Challenges/problems/issues where ideas for solutions may be provided in a team setting. | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Unique/multi-functional problems. | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Working with defined and standard work processes. | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Other (please specify): | | | | |
| <input type="text"/> | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| <input type="text"/> | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| <input type="text"/> | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |

8.3 Please describe the most typical challenge problem or issue that you are required to solve. Please include a description, how frequent it occurs, the details, etc.

8.4 When addressing typical challenges, problems or issues, what references do you have available to help you (manuals, guidelines, policies, procedures, acts, regulations, advisors, etc.)?

9.0 Factor 6: Accountability and Decision Making

This section measures the level of accountability and decision-making associated with the position. Characteristics to be considered include:

- Level of work review or supervision received
- Nature of delegated authorities and prescribed decisions, and processes
- Extent to which discretion and independence of action are required
- Overall accountability given the nature of the work

9.1 Thinking about financial, information, policies, processes, material and human resources, what decisions can you make without the approval of your Supervisor/Manager; that is, without formal written or verbal approval? (Note: "Formal Approval" does not include those cases where an employee "runs something by" a Supervisor/Manager for input).

9.2 What decisions, relating to the duties and responsibilities of your job, require supervisory approval; that is, formal written or verbal approval before an action can be undertaken (e.g. purchases, commitments on behalf of the organization, policy or process changes)?

9.3 If applicable, please describe decisions or situations where the job has some discretion to exercise within predetermined limits and procedures.

9.4 If applicable, please describe situations where discretion and judgment are used to interpret directions and apply guidelines to make decisions.

9.5 If applicable, please describe situations requiring a high degree of independent discretion and judgment.

10.0 Factor 7: Impact

This section focuses on the impact of the work as a result of decisions that are made, advice, guidance or care that is provided or other activities that are performed in your position. Impact can be on resources such as equipment, finances, information and technology, as well as on the customers/clients/patients, processes, programs, policies and overall operations of the business unit, the department/group, and/or the organization as a whole. Only mistakes that can realistically occur, **AND** which **DO NOT** result from negligence, inability and/or inexperience, should be considered.

This factor considers what "checks and balances" are in place that ordinarily prevent the error from occurring or that detect it before the impact becomes severe. If safeguards or subsequent checks prevent or mitigate the error, then the position should not be rated on it, because the impact will not likely be felt.

10.1 When I complete my job tasks and activities, the results are directly felt (please select all that apply):

| | |
|--------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> | Within my immediate work area. |
| <input type="checkbox"/> | Within my department/group. |
| <input type="checkbox"/> | Outside of my department/group but within the organization. |
| <input type="checkbox"/> | Outside the organization. |
| <input type="checkbox"/> | On Customers/ Clients/ Patients/ General Public |
| <input type="checkbox"/> | Other (please specify): <input type="text"/> |

Please provide specific example(s) based on your selections above.

10.2 When I complete my job tasks and activities, the results directly impact (please select all that apply):

| | | | |
|--------------------------|-----------------------|--------------------------|----------------------------------------------|
| <input type="checkbox"/> | Equipment | <input type="checkbox"/> | Material resources |
| <input type="checkbox"/> | Processes and systems | <input type="checkbox"/> | Human resources |
| <input type="checkbox"/> | Information | <input type="checkbox"/> | Health and safety |
| <input type="checkbox"/> | Finances | <input type="checkbox"/> | Corporate image |
| <input type="checkbox"/> | Facilities | <input type="checkbox"/> | Other (please specify): <input type="text"/> |

Please provide specific example(s) based on your selections above.

10.3 In the event of a mistake or error, the consequences are directly felt:

Please check the applicable responses for each statement below.

| | Impact of Error | | | | |
|-------------------------------------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| | Some | Moderate | Significant | Extreme | Does Not Apply |
| Within my immediate work area. | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Within my department/group. | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Outside of my department/group but within the organization. | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Outside the organization. | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| On Customers/ Clients/ Patients/ General Public | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Other (please specify): <input type="text"/> | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | |

Please provide specific example(s) based on your selections above.

10.4 In the event of a mistake or error, the result of the consequence is directly felt on:

Please check the applicable responses for each statement below.

| | Impact of Error | | | | |
|-----------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| | Some | Moderate | Significant | Extreme | Does Not Apply |
| Equipment | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Processes and systems | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Information | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Finances | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |

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|----------------------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| Facilities | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Material resources | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Human resources | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Health and safety | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Corporate image | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Other (please specify): <input type="text"/> | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | |

Please provide specific example(s) based on your selections above.

10.5 Please select the statement that best indicates the extent to which quality control and “checks/balances” exist within your position (please select ONLY ONE of the following statements):

| | |
|------------------------------|------------------------------------------------------------------------|
| [<input type="checkbox"/>] | Work tasks and activities are highly monitored or controlled. |
| [<input type="checkbox"/>] | Work tasks and activities are generally prescribed or controlled. |
| [<input type="checkbox"/>] | Work tasks and activities are moderately prescribed or controlled. |
| [<input type="checkbox"/>] | Work tasks and activities are somewhat prescribed or controlled. |
| [<input type="checkbox"/>] | Work tasks and activities are generally not prescribed nor controlled. |

Please provide specific example(s) based on your selection above.

10.6 Please select the statement that best describes the typical time frame required to identify and resolve consequences in the event of a mistake or error within your position: (please select ONLY ONE of the following options):

| | |
|--------------------------|--------------------------------------------------|
| <input type="checkbox"/> | Within hours of problem identification. |
| <input type="checkbox"/> | Within 24 hours of problem identification. |
| <input type="checkbox"/> | Within one week of problem identification. |
| <input type="checkbox"/> | Within one month of problem identification. |
| <input type="checkbox"/> | Longer than one month of problem identification. |
| <input type="checkbox"/> | Other: <input type="text"/> |

If applicable, please provide example(s) based on your selection above.

10.7 Please provide an example(s) of a risk or the consequences of an error that could occur in doing your job. Also, indicate the details and possible frequency, who is likely to detect the error, and who may be affected by it.

11.0 Factor 8: Development and Leadership of Others

This section focuses on the job's responsibility for advising, guiding, developing, mentoring and/or leading others.

11.1 Do you have full-time responsibilities for the direct supervision of staff (i.e., staff who report directly to you)?

Yes [] No []

If yes, for how many employees and for what positions?

Note: If you are responsible for the direct supervision of staff and these staff member(s) have employees that report directly to them, please include all these positions and number of staff in the list below.

Number:

| Position Title: | # of Staff: | Position Title: | # of Staff: |
|-----------------|-------------|-----------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

11.2 Does your position involve development and leadership responsibilities?

Yes [] No []

If yes, please indicate the nature of the development and leadership responsibilities of the position (please select all that apply):

| | |
|------------------------------|-----------------------------------------------------|
| [<input type="checkbox"/>] | Providing on-the-job advice/guidance. |
| [<input type="checkbox"/>] | Providing on-the-job direction. |
| [<input type="checkbox"/>] | Providing feedback. |
| [<input type="checkbox"/>] | Providing input for performance assessments. |
| [<input type="checkbox"/>] | Providing orientation to new employees. |
| [<input type="checkbox"/>] | Providing on-the-job training to others. |
| [<input type="checkbox"/>] | Providing formal/classroom-type training to others. |

| | |
|--------------------------|---------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Acting as technical mentor or advisor. |
| <input type="checkbox"/> | Building morale and employee relations. |
| <input type="checkbox"/> | Delegating/allocating tasks. |
| <input type="checkbox"/> | Leading a project team. |
| <input type="checkbox"/> | Leading a technical or functional team on a regular basis. |
| <input type="checkbox"/> | Providing input to others about staffing and recruitment. |
| <input type="checkbox"/> | Organizing and coordinating other colleagues. |
| <input type="checkbox"/> | Organizing and coordinating the work of contractors, students, etc. |
| <input type="checkbox"/> | Checking or reviewing the work of colleagues. |
| <input type="checkbox"/> | Checking or reviewing the work of contractors. |
| <input type="checkbox"/> | Other (please specify): <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> |

Given your responses above please provide specific examples of your related development and leadership responsibilities indicating frequency (i.e. time spent) and detail.

11.3 Do you play a team leader role (i.e. an informal leader role in self-directed team of peers such as a key technical resource or subject matter expert)?

Yes

No

If yes, provide specific examples of your team leader responsibilities and/or duties?

11.4 Do you play a project leader role in your position (i.e. a leader of a specific project, special event, etc.)?

Yes []

No []

If yes, provide specific examples of your project leader responsibilities and/or duties as well as frequency of project (i.e. how often and duration)?

12.0 Factor 9: Environmental Working Conditions

This section focuses on the likelihood, frequency and severity of exposure to undesirable conditions in the work environment. This section considers working conditions that are the result of the “nature of the job” (not the building, office, etc).

12.1 How frequently does the position require exposure to the following working conditions? (Please select one of “occasionally”, “regularly”, “constantly”, and “does not apply” in terms of your typical day for each statement.)

| <i>Please check the applicable response for each statement below.</i> | Occasionally (< 32% of the time) | Regularly (33% to 66% of the time) | Constantly (more than 67% of the time) | Does Not Apply |
|-----------------------------------------------------------------------|-----------------------------------------|------------------------------------------|-------------------------------------------------|------------------------------|
| Unusual/distracting noise | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Dirt, dust, filth or garbage | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Glare | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Fumes | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Limited ventilation | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Limited lighting | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Vibration | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Hazardous chemicals | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Toxic or poisonous substances | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Bodily fluids and waste | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Infectious diseases | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Odours | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Dangerous heights or depths | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Wet or slippery surfaces | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Electrical shocks | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Lack of privacy | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Isolation | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Awkward or confining workspaces | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Temperature extremes | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Fire | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |

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|-----------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Radiation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Physical dangers or threats | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sharp objects | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Heavy machinery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Adverse weather conditions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Travel | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (please specify) | | | | |
| <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Based on your selections above, please provide specific examples of exposure to identified working conditions.

12.2 What is the likelihood of the following injuries or illnesses resulting from hazards in the position, given that all health and safety regulations are followed?

| <i>Please select the applicable response for each statement below.</i> | <i>Likelihood of Injury or Illness</i> | | | |
|------------------------------------------------------------------------|----------------------------------------|------------------------------|------------------------------|------------------------------|
| | Limited | Moderate | Significant | Does Not Apply |
| Minor cuts, bruises, abrasions or minor illnesses. | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Fractures or other injuries. | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Injury or occupational illness resulting in partial disability. | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Injury or occupational illness resulting in total disability. | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] |
| Other (please specify) | | | | |
| <input type="text"/> | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | |
| <input type="text"/> | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | |
| <input type="text"/> | [<input type="checkbox"/>] | [<input type="checkbox"/>] | [<input type="checkbox"/>] | |

12.3 Does the position require any special precautions or safety equipment? If so, please explain.

14.0 Evaluation

Thank you for completing the PDQ. We would like to have your feedback that may help us either improve the questions or the support provided. Please take a few minutes to answer the following questions.

1. How long did it take you to complete the questionnaire (please indicate total "dedicated time")?

1-2 hours

3-4 hours

5-6 hours

More than 6 hours. Please specify total hours:

Comments:

2. Did you attend a training session on how to complete the questionnaire?

[] Yes [] No

If yes, how beneficial was the training in helping your complete the PDQ?"

| | | | |
|--|--------------------------|--------------------------|--------------------------|
| | Not at all Helpful | Somewhat Helpful | Very Helpful |
| | 1 | 2 | 3 |
| | 4 | 5 | 6 |
| | 7 | | |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

3. Did you require additional support when you were completing the PDQ?
 Yes No

If yes, please identify the method of support used:

| | |
|-------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> C&C Division's 1-888 number | <input type="checkbox"/> Supervisor / Manager |
| <input type="checkbox"/> C&C Division's email address | <input type="checkbox"/> HR representative |
| <input type="checkbox"/> Co-worker | <input type="checkbox"/> Union representative |
| <input type="checkbox"/> Other | |

If other, please specify:

If yes, how would you rate the support you received?

| | | | |
|--|--------------------------|--------------------------|--------------------------|
| | Not at all Helpful | Somewhat Helpful | Very Helpful |
| | 1 | 2 | 3 |
| | 4 | 5 | 6 |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

4. How would you rate the questionnaire for ease of use?

| | | | |
|--|--------------------------|--------------------------|--------------------------|
| | Not at all Easy | Somewhat Easy | Very Easy |
| | 1 | 2 | 3 |
| | 4 | 5 | 6 |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

5. Are there areas where you feel you need additional/follow-up training?

[] Yes [] No

Comments:

Additional Evaluation Comments:

15.0 Supervisor/Manager Comments (This section to be completed by the Supervisor/Manager)

Do not change any of the employee's responses. Supervisor/manager comments are limited to section 15 and 16 only.

After reviewing each section of the PDQ, use the space provided below to note any additional comments you have regarding the responses or to add information. Use additional paper if required. The Supervisor/Manager is encouraged to review their commentary with the employee if responses require clarification. Please indicate which question in each job factor you are referring to.

| Job Factor: | Supervisors / Manager Comments |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Key and Periodic Activities</p> | <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> |
| <p>1. Knowledge:</p> | <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; height: 20px; margin-bottom: 5px;"></div> |

| | |
|----------------------------------------|-------------------------------------------------|
| <p>2. Interpersonal Skills:</p> | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |
| <p>3. Physical Effort:</p> | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |
| <p>4. Concentration:</p> | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |

| | |
|----------------------------------------------|-------------------------------------------------|
| <p>5. Complexity</p> | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |
| <p>6. Accountability and Decision-Making</p> | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |
| <p>7. Impact</p> | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |

| | |
|------------------------------------------------------------|-------------------------------------------------|
| <p>8. Development and Leadership of Others</p> | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |
| <p>9. Environmental Working Conditions:</p> | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |
| <p>Comments on Training Session, PDQ or Other Feedback</p> | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |

16.0 Employee and Supervisor/Manager Discussion Notes

Use the space provided below to note any additional comments you have based on employee and supervisor/manager review and discussion of completed PDQ.

Employee Discussion Notes:

Supervisor/Manager Discussion Notes:

Permanent Head/Designate Discussion Notes:

17.0 Employee and Supervisor/Manager Signatures

| | | | |
|-----------------------------------------------------------------|-------|-------------|-------|
| Supervisor/Manager Signature | <hr/> | Date | <hr/> |
| Employee Signature | <hr/> | Date | <hr/> |
| Employee Sign-off for PDQ review with Supervisor/Manager | <hr/> | Date | <hr/> |
| Permanent Head/Designate Sign-Off | <hr/> | Date | <hr/> |