MANAGEMENT ASSOCIATION POSITION DESCRIPTION QUESTIONNAIRE

1. Employee Details
Name:
Employee ID:
Employee Email:
Current Classification Title:
Start Date of Current Position:
Department:
Site (College/CCE Site):
2. Position Purpose & Organization Structure

A. Briefly summarize the primary purpose of this position (the how/what/why of this role).

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В.	What current SDCCD Management classification best describes this position, if applicable? Explain how the duties and organizational structure have changed that have caused the duties of this position to change.
C.	Describe the organizational structure of this role, including the manager/supervisor over the position and any employee(s) who directly report to this role (if applicable).
D.	Identify any peers who you feel perform a similar role to your own. Describe their specific job functions and classification.



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3. Position Accountabilities

- A. List the major duties performed by this position in the first column, beginning with the work that is most important. "Major Duties" may include office support, machine/equipment maintenance/repair, report preparation/analysis, budget preparation/analysis, etc. Include level of responsibility and decision-making in your description.
- B. The % assigned to each duty should equal 100%.
- C. Indicate whether the duty listed is performed daily, weekly, monthly, or annually.
- D. Indicate Yes or No if this duty exists in the current classification description.

Duties	% of Time	Frequency	In Current Classification?

A. How long have the duties above been substantially performed? Years Months

B. Communications
Internal – Which other departments/colleges/sites does this position regularly interact? What is the primary reason for this contact? How frequently (ie, daily, weekly, monthly)?

Department/College/Site	Reason	Frequency

External – Which organizations, agencies, or other authorities outside SDCCD does this position regularly interact? What is the primary reason for this contact? How frequently (ie, daily, weekly, monthly)?

Organization	Reason	Frequency

4.	Problem	Solving	& Decision	Making
4.	Problem	JUIVIIIE	& Decision	IVIAKIII

A.	Provide exam	ples of the	more complex	, difficult,	, challenging	, and/o	or creative as	pects of this	job

B. What level of decision-making or prioritization of duties are you responsible for? When do you defer decision-making to your manager, supervisor, or other decision-maker?



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\mathbf{C}	What problems and	I/or decisions does this	position refer to someone	else? To whom	[title]?
C .	will be objected and	if or accisions accs tims	position refer to someone	CISC: 10 WITOITI	LILIC :

D.	Who provides work direction to this position? How is that direction provided? Who reviews and
	approves the work performed by this position?

5. Knowledge, Background Requirements, & Qualifications

- A. Knowledge, Skills, and Abilities In the table below, provide any essential training, education, or skills that are required to perform the duties of this position that are not currently listed in the position classification
 - 1. Type Indicate the degree, license, certificate, skill, etc, you feel is necessary to perform this role
 - 2. Required By For instance, this may be a State, Federal, District requirement
 - 3. Length of Time to Obtain if applicable, indicate the length of time the skill, degree, etc, would take to learn or earn

Туре	Required By	Length of Time to Obtain



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В.	Learning Period Currently, how long should it take a new employee to satisfactorily learn this job? With the skills listed above, how long should it take a new employee to satisfactorily learn this job?
C.	What are the most complex functions of this job? Which function takes the longest to learn, and why?
6	. Working Conditions
	Describe any unusual, unpleasant, or hazardous conditions of this job that are not included in the current classification.
В.	List the physical requirements of this job that are not included in the current classification.

7. Additional Comments

Please add any additional aspects of this job that are not covered by previous sections of this request.



8. Employee Signature	
oloyee Signature:	Date:
9. Manager and Supervisor Signature	s and Comments
A. Immediate Supervisor/Manager Signature	e and Comments
Please indicate whether the information provi and duties assigned to this position.	ded by the employee accurately reflects the responsibilities
Yes	
No	
Comments (Required if No selected above):	

B. Manager Signature and Comments

Please indicate whether the information provided by the employee ac and duties assigned to this position.	curately reflects the responsibilities
Yes	
No	
Comments (Required if No selected above):	
Manager Signature:	Date:

C. Vice President Signature and Comments

Please indicate whether the information provided and duties assigned to this position.	by the employee accurately reflects the responsibil	litie
Yes		
No		
Comments (Required if No selected above):		
Vice President Signature:	Date:	

D. President/Vice Chancellor Signature and Comments

Please indicate whether the information provided by the employee accurately reflects the responsibilit and duties assigned to this position.	ie
Yes	
No	
Comments (Required if No selected above):	
President/Vice Chancellor Signature: Date:	