



San Diego Community College District

City College · Mesa College · Miramar College · College of Continuing Education

SUPERVISORY & PROFESSIONAL ADMINISTRATORS ASSOCIATION (SPAA) 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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- B. What current [SDCCD SPAA 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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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

A. Provide examples of the more complex, difficult, challenging, and/or creative aspects 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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C. What problems and/or decisions does this position refer to someone else? To whom [title]?

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

Type	Required By	Length of Time to Obtain



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B. 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

A. Describe any unusual, unpleasant, or hazardous conditions of this job that are not included in the current classification.

B. List the physical requirements of this job that are not included in the current classification.



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7. Additional Comments

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



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8. Employee Signature

Employee Signature:

Date:

9. Manager and Supervisor Signatures and Comments

A. Immediate Supervisor/Manager Signature and Comments

Please indicate whether the information provided by the employee accurately reflects the responsibilities and duties assigned to this position.

Yes

No

Comments (Required if No selected above):

Supervisor/Manager Signature:

Date:



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B. Manager Signature and Comments

Please indicate whether the information provided by the employee accurately reflects the responsibilities and duties assigned to this position.

Yes

No

Comments (Required if No selected above):

Manager Signature:

Date:



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C. Vice President Signature and Comments

Please indicate whether the information provided by the employee accurately reflects the responsibilities and duties assigned to this position.

Yes

No

Comments (Required if No selected above):

Vice President Signature:

Date:



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D. President/Vice Chancellor Signature and Comments

Please indicate whether the information provided by the employee accurately reflects the responsibilities and duties assigned to this position.

Yes

No

Comments (Required if No selected above):

President/Vice Chancellor Signature:

Date: