

PDQ/CBQ INSTRUCTION GUIDE

The purpose of this updated form is to assist employees in the PDQ/CBQ process.

By following the directions below, employees will be able to complete this form in a timely manner, expedite the submission process, and anticipate faster processing of their submissions by the Classifications team.

NOTE - this form is intended to be completed digitally using any PDF software.
This will enable the employee to digitally sign the form without the need to print prior to sending.

Part A - Employee Information

If you do not know your position number, please ask your supervisor or Human Resource specialist or generalist. Working title may be different than classification.

Part B - Employment Overview

Please describe the primary role, purpose, and function of this position.

- This should be a brief but specific statement of why your position exists. It should allow the reader to immediately understand your position's overall purpose and function.
 - Example: Directs a fire fighting crew in providing fire protection, first aid, and related services to ensure the safety of the personnel and resources of the South Dakota National Guard and the Sioux Falls Regional Airport Authority.

Please describe significant changes in duties, responsibility, or complexity in this position.

- Please note approximately when the changes occurred. List specific tasks that have been added or changed and when they were added or changed. List tasks that you no longer perform

Part C - Primary Role Description

Please identify specific duties and responsibilities of this position, including a percentage of average time spent on each duty and whether the duties are new or have changed.

- Please break your job into two or more major job duties or areas of responsibility. Please list if the job duty or responsibility is new or a change to your position and the percentage of time spent on each duty.

- Example:

JOB DUTY	New Duty/Change	% of Time
• Functions as a crew leader during fire and rescue activities to ensure effective fire and rescue procedures are carried out.	N/A	15%
• Organizes fire protection activities to ensure effective fire protection.	New Duty	20%

Describe any positions that are similar in scope or responsibility in the department. Please include information on how your position is similar or different.

- Please identify co-workers that have similar job duties or responsibilities and how their job duties are similar or different.
 - Example: Sally Smith and John Jones both work as crew leaders during fire and rescue activities. They are in different areas of the state. They do not organize fire protection activities.

Describe decisions you make or are responsible for:

- Please describe the decisions that you have the authority to make.
 - Example: Determining whether to fight or withdraw from a fire situation.

Describe decisions you refer to your supervisor:

- Please describe the decisions that need to be referred to a supervisor or project leader.
 - Example: Program planning, policy interpretation, and training plans approval

Do you have responsibility for personnel selection, performance appraisal, and disciplinary action?

- If you have responsibility for personnel selection, performance appraisal, and disciplinary action, please list your subordinates' names and titles. This should list the individuals that you complete and sign the performance appraisal for. It is this that makes you, their supervisor.
- If you are assigning and checking tasks, approving leave, and documenting performance but are not completing and signing their performance appraisal you may be their lead worker and not their supervisor.

Do you direct the work (e.g. train, assign, or review work) of employees you do not formally supervise?

- Include those individuals that you provide work guidance to. Are you assigning them tasks and checking what they have done? Are you helping to train them? List their names, titles, and the purpose of your direction over them.
 - Example: John Doe, Betty Smith, Henry Vanden Thorpe III - Air Rescue Fire Fighters – Assign their tasks and review completed work.

Do you recommend or have authority for the expenditure of funds?

- If yes, please describe your authority and list the amount. Do you have approval/signature authority to expend state or federal dollars?
 - Example: Approve expenditures up to \$100 for office and cleaning supplies.

All information in this section of the PDQ/CBQ should be prepared by you and put in your own words, without the aid of the class specifications or existing PDQ/CBQ. You may receive assistance from your supervisor. Please contact your Human Resources representative or the Bureau of Human Resources (605.773.3148) if you need assistance or have any questions.
(This should be completed by the immediate supervisor if the position is new or vacant.)

A. EMPLOYEE INFORMATION

Name: _____

Position Number: _____

Employee Number: _____

Current Classification: _____

Working Job Title: _____

Division/Program: _____

Supervisor's Name: _____

What is the requested classification:

How long have you been in your current classification? (Classification start date)

B. EMPLOYMENT OVERVIEW *(Use additional page if you need more space for any section or for other pertinent information.)*

Please describe the primary role, purpose, and function of this position:

Please describe significant changes in duties, responsibility, or complexity in this position:

C. PRIMARY ROLE DESCRIPTION: Please identify specific duties and responsibilities of this position, including a percentage of average time spent on each duty and whether the duties are new or have changed. Use page 3 if additional space is needed.

JOB DUTY	New Duty/Change	% of Time

Describe any positions that are similar in scope or responsibility in the department. Please include information on how your position is similar or different.

Describe decisions you make or are responsible for:

Describe decisions you refer to your supervisor:

Do you have responsibility for personnel selection, performance appraisal, and disciplinary action? **YES** **NO** *If yes, please list your subordinates' names and titles.*

Do you direct the work (e.g. train, assign, or review work) of employees you do not formally supervise? **YES** **NO** *If yes, please list the employees' names and titles and describe the type of direction you give.*

Do you recommend or have authority for the expenditure of funds? **YES** **NO**
If yes, please describe your authority and list the amount.

By signing this form below, I certify that the information contained herein is true, accurate, and a complete description of my position to the best of my knowledge. Do not sign until ready to submit.

Incumbent's Signature

Date Submitted

Additional Information: