

# PDQ/CBQ Questionnaire - Supervisor's Section

Sections A through D are to be completed by the incumbent's immediate supervisor.

*Please complete and sign this form digitally, or print and sign, then forward to your HRM for processing.*



## SECTION A - ORGANIZATIONAL STRUCTURE

Incumbent's Name:

Your Name:

Position Number:

Your Title:

Department:

Your Position #:

Division:

Your Supervisor:

Names and titles of all subordinates reporting to you:

Supervisor's Title:

## SECTION B - POSITION INFORMATION

1. Are all statements made in the employee's section correct? YES NO  
*Please indicate any additions or exceptions.*

2. What are the most important or critical duties of this position? *Please explain.*

3. What are the most difficult or complex duties of this position? *Please explain.*

4. Has this position acquired duties from other positions? YES NO  
*If yes, please identify duties and positions.*

5. Have any duties of this position been assigned to someone else? YES NO  
*If yes, which duties and who performs them now?*

6. What knowledge, skills, and abilities will an incumbent need to perform the duties of this position competently?  
*Indicate if a license or certification is required.*

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**SECTION C - REQUEST FOR POSITION CLASSIFICATION/PAY GRADE REVIEW**

1. Requested classification or exempt paygrade:
2. Who initiated the request for a review:
3. Working Title of this position:
4. Reasons for the request:

4. Do you feel that the position should be reclassified (or exempt pay grade changed)?      YES      NO  
*Please explain.*

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**SECTION D - SUPERVISOR SUPPLEMENTAL QUESTIONS**

1. How much latitude is the incumbent given to make decisions?  
*What types of decisions need to be referred to you or others?*

2. How do you review and monitor their work?  
*How much supervision is needed? Has this decreased since they started?*

3. Who determines the priority of the incumbent's projects? Who establishes the time frames and deadlines?

4. Please compare incumbent's position to any comparable positions and provide name(s) or position #(s).  
*Please include similarities/differences in functions, decisions, problems, etc.*

5. *Notes or additional information (complete only if needed)*

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**SECTION E - SUPERVISOR SIGNATURE**

To the best of my knowledge, all information in both sections of this PDQ/CBQ (unless noted above) is accurate and complete.

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date Signed

***Complete the SUPERVISOR SECTIONS and QUESTIONS above before signing.***