

TRAVIS COUNTY

Human Resources Management Department

Position Analysis Questionnaire (PAQ)

An electronic version is available through your Human Resources Liaison

<p>INSTRUCTIONS</p> <p>Read each heading carefully before proceeding to fill out the questionnaire. Be certain the questionnaire is signed.</p>	<p>Make statements simple, complete, and accurate as the job exists today. Please provide descriptive information in sufficient detail to establish a clear understanding of the position. The purpose of the PAQ is to describe the work assigned to a position. It should clearly state the principle duties and responsibilities actually being performed. It is the position that is being described, not the person holding the position.</p>
<p>1. POSITION INFORMATION</p>	
<p>Department Name, Division</p>	<p>Check: <input type="checkbox"/> Filled Position <input type="checkbox"/> Vacant Position % FTE _____</p>
<p>Position Number</p>	<p>Authorized Classified Title: Actual Classified Title:</p>
<p>Incumbent's Name</p>	<p>Length of time in current position</p>
<p>Supervisor's Name</p>	<p>Supervisor's Position Title</p>
<p>2. GENERAL SUMMARY</p>	
<p>Provide a brief general summary of the primary purpose or function of this position. Think of how you would describe the position to someone new to the County. What is the position meant to accomplish?</p>	

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3. DUTIES AND RESPONSIBILITIES	
<p>Describe the primary duties and responsibilities of this position in order of importance. What is the action being done and what is the approximate percentage of time (use an action verb, e.g. makes photo copies, schedules meetings, installs software, opens mail, keeps files, prepares a budget proposal). A primary job duty generally includes significant duties and responsibilities that require at least 10% in time or importance. Total percentage must equal 100%.</p>	
JOB DUTY	PERCENT OF TIME
1.	%
2.	%
3.	%
4.	%
5.	%
6.	%
7.	%
8.	%
9.	%
<p>Which, if any, of the duties listed above do you think are outside the duties listed in your job description? Please list the duty numbers in the box to the right.</p>	

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4. SUPERVISORY RESPONSIBILITY

Check the statement which best describes the position. **(choose only one)**

- No formal supervisory authority.
- Lead Worker - Assigns, trains, schedules, oversees, or reviews work of others.
- Project Manager - No formal supervisory authority but directs work of others on specific projects.
- Front Line Supervisor - plans and directs work of others, hires, trains, prepares performance appraisals, and approves leave time of others.
- Manager - Plans and directs the work of supervisors within a specific programmatic area.
- Executive - Delegates authority to carry out work of multiple units to subordinate managers.

If supervision performed, indicate number of employees supervised and employee status.

How many people do you **directly** supervise:

How many people do you **indirectly** supervise through others:

Total number of people supervised (Direct + Indirect):

5. DECISION MAKING

Check the statement which best describes the position. **(choose only one)**

- Required to make few, if any, decisions.
- Decisions are defined by clear written standards or oral commands.
- Decisions are guided by policy, but I have the ability to decide how to apply the policy to situations.
- Decide whether or not policy applies to situations.
- Decide what the policies are and how they will be applied.

What are the most important/difficult decisions you make on a regular basis?

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6. CONSEQUENCE OF ERROR

Check the statement which best describes the position. **(choose only one)**

If work was performed in the wrong way and/or proper procedures were not followed (for example, regulations not adhered to or proper precautions not taken), what would the likely outcome be?

- Minimal property damage, minor injury, minor disruptions of work flow
- Moderate loss of time, injury, damage, or adverse impact on health and welfare of others
- Major problem failure, major property loss, or serious injury

What is the most serious consequence of error in your job?

7. AUTONOMY

Check the statement which best describes the position. **(choose only one)**

- What I do, how I do it, and when I do it are clearly defined by others.
- What I do is determined by others but I have flexibility in how and when it gets done.
- As long as I meet deadlines, I am able to decide how my work gets done.
- Within broadly defined limits; I am free to decide what my work day is like.

What types of tasks do you perform that do not require authorization?

8. HAZARD/DANGER

Check the statement which best describes the position. **(choose only one)**

- Work environment is safe and secure.
- Work environment is safe and secure, but occasionally there is a mild environmental hazard.
- Work environment is safe and secure, but routinely there is a mild environmental hazard.
- Routinely work in hazardous conditions, but the conditions are never life-threatening.
- Routinely work in hazardous conditions, but they are seldom life-threatening.
- Routinely work in hazardous conditions which are frequently life-threatening.

What hazards/dangerous conditions do you regularly encounter?

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9. CONTACTS

What work-related contacts does this position have with people or organizations inside and outside the County? What are the purpose and the frequency of these contacts?

Frequent Contacts With	Purpose of Contact	Frequency of Contact
<input type="checkbox"/> Commissioners Court		
<input type="checkbox"/> Elected/Appointed Officials, Dept Heads, Ex, Mgrs.		
<input type="checkbox"/> Staff, same department		
<input type="checkbox"/> Staff, other departments		
<input type="checkbox"/> Public agencies		
<input type="checkbox"/> Vendors, Suppliers, Consultants		
<input type="checkbox"/> Professional associations/activities		
<input type="checkbox"/> General public		
<input type="checkbox"/> Other outside organizations		
<input type="checkbox"/> Other (specify)		

10. FINANCIAL RESPONSIBILITIES

Please describe your responsibilities in **accounting, purchasing, budgeting and financial analysis** and list any appropriate dollar amounts for which you are responsible.

11. EDUCATION

Check the **minimum** formal educational level that a person **new** to this position would need to perform the job successfully. **(choose only one)**

EDUCATION:

- | | | |
|--|---|--|
| <input type="checkbox"/> No formal education required | <input type="checkbox"/> Some college | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> High school diploma or G.E.D. | <input type="checkbox"/> Associate's degree | <input type="checkbox"/> Doctorate |
| <input type="checkbox"/> Trade school | <input type="checkbox"/> Bachelor's degree | |
| <input type="checkbox"/> Other (please specify) | | |

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12. EXPERIENCE

Check the **minimum** experience level that a person **new** to this position would need to perform the job successfully. **(choose only one)**

- | | | |
|--|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> More than three up to five years | <input type="checkbox"/> More than ten up to twelve years |
| <input type="checkbox"/> One year or less | <input type="checkbox"/> More than five up to seven years | <input type="checkbox"/> More than twelve up to fifteen years |
| <input type="checkbox"/> More than one up to three years | <input type="checkbox"/> More than seven up to ten years | <input type="checkbox"/> More than fifteen years |

Supervisory Experience (indicate years of experience if required for position)

of years of supervisory experienced required: _____

13. PROFESSIONAL LICENSE, REGISTRATIONS, CERTIFICATIONS OR SPECIAL QUALIFICATIONS REQUIRED: (Please list)

14. KNOWLEDGE, SKILLS AND ABILITIES

What instructions, resources, guidelines, federal and state regulations/laws, technical manuals, professional journals, or policies and procedures are regularly used in this job?

What knowledge do I need to perform my job?

What skills do I need to perform my job?

What abilities do I need to perform my job?

List any equipment, tools, technology, materials, and/or vehicles needed to perform job duties based on frequency of use:

Daily

Weekly

Monthly

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15. PHYSICAL DEMANDS AND ENVIRONMENTAL WORKING CONDITIONS

Listed below are various physical demands and working conditions. If you routinely work in these conditions, please check each box that applies. Then indicate what percentage of the day that you spend in these conditions.

- | | | |
|--|--|--|
| <input type="checkbox"/> Standing _____% | <input type="checkbox"/> Carrying _____% | <input type="checkbox"/> Stooping/Kneeling _____% |
| <input type="checkbox"/> Walking _____% | <input type="checkbox"/> Reaching _____% | <input type="checkbox"/> Crouching/Crawling _____% |
| <input type="checkbox"/> Sitting _____% | <input type="checkbox"/> Pushing _____% | <input type="checkbox"/> Viewing Monitor(s) _____% |
| <input type="checkbox"/> Repetitive Motion(s) _____% | <input type="checkbox"/> Driving _____% | |

- Lifting Up to 10 pounds Up to 25 pounds Up to 50 pounds
 Up to 100 pounds More than 100 pounds

Lifting is Occasional Regular Consistent

Listed below are environmental conditions that might be encountered in the workplace. Please check each condition that you encounter on a regular basis. Then indicate how frequently you encounter that condition.

<input type="checkbox"/> Dust <input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Consistent	<input type="checkbox"/> Noise <input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Consistent	<input type="checkbox"/> Vibration <input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Consistent
<input type="checkbox"/> Extreme Temperature/Weather Change <input type="checkbox"/> Seasonal <input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Consistent	<input type="checkbox"/> Fumes <input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Consistent	<input type="checkbox"/> Infectious Disease <input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Consistent
<input type="checkbox"/> Extreme Heat <input type="checkbox"/> Seasonal <input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Consistent	<input type="checkbox"/> Extreme Cold <input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Consistent	<input type="checkbox"/> Wet and/or Humidity <input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Consistent
<input type="checkbox"/> Dangerous Machinery <input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Consistent	<input type="checkbox"/> Potential Physical Harm <input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Consistent	<input type="checkbox"/> Hazardous Chemicals <input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Consistent
<input type="checkbox"/> Other: <input type="checkbox"/> Occasional <input type="checkbox"/> Regular <input type="checkbox"/> Consistent		

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16. SIGNATURES	
The statements are accurate and complete.	
Date _____	Incumbent Print Name _____
	Incumbent Signature _____
Date _____	Immediate Supervisor Signature _____
Date _____	Department Head Signature _____
Immediate Supervisor Comments: 	
Department Head Comments: 	
Department Name, Division	Authorized Classified Title:
Position Number	Actual Classified Title: