



**State of Oklahoma**  
**Human Capital Management**  
**A Division of the Office of Management and Enterprise Services**  
**POSITION DESCRIPTION QUESTIONNAIRE**  
**(HCM-39)**

TO THE APPOINTING AUTHORITY OR DESIGNEE:

The purpose of this form is to aid the Appointing Authority or designee in describing the position (job) in terms of its duties and responsibilities. Use great care in completing this form so that your answers will give a clear and complete understanding of the job. The information provided will play an important part in determining the job family and level to which the job belongs. Do not copy from existing job family descriptors. If there is not enough space to answer a question, please complete the answer on a separate page (be sure to show the number of the question). The form should be accompanied by a current organizational chart reflecting the position within the agency. Please retain a copy of the completed form for your records.

## Human Capital Management POSITION DESCRIPTION QUESTIONNAIRE

**Part 1 - GENERAL INFORMATION:**

*Please read attached instructions prior to completing this form.*

Name and Employee ID Number of Employee Occupying the Position or if Position is not Occupied, Indicate Whether Position is New or Vacant.	Current Official HCM Job Title and Job Family Code Assigned to the Position	
Agency	Current Date	PIN:
Division and Section Where the Position is Assigned	Work Address ( include zip + 4) and Telephone Number	
Name and Work Telephone of Appointing Authority or Designee Completing this Form	Job Title of Appointing Authority or Designee Completing this Form	

- A. This description is intended to show a:       New Position       Change to an Existing Position
- B. Proposed Job Title and Job Family Code
- C. If this position audit is being requested as a result of significant changes in the duties and responsibilities assigned, identify those changes and provide supporting documentation including organizational charts, description of additional duties and/or programs or any other factors involved.

**Part 2 - DESCRIPTION OF DUTIES PERFORMED**

- A. Briefly, what is the major purpose of the job? Describe the general functions and major responsibilities of the position.

- B. List the various duties of the job. Describe these duties so specifically that they will be clear to someone who is not familiar with the work. Please estimate the percentage of time spent performing each duty. The total of the percentages should equal 100%. If supervisory duties are assigned, be sure to describe those duties in detail as well. Please rank the duties in order of importance (most important first).

Percentage of time spent	Duty Statements

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**Part 2 - SUPERVISORY DUTIES**

A. Does this position supervise other employees?  Yes  No  
Do any of these employees supervise others?  Yes  No

B. List the number, job title and name of employees directly supervised.  
NOTE: Supervision must include approval of leave and completion of performance evaluations.

Number of Employees Supervised	Job Title and Job Code of Employees Supervised	PIN:

C. Describe the general purpose and type of work performed by employees supervised by this position.

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**Part 3 - WORK GUIDELINES**

List specific laws, regulations, instructions or procedures that must be used or followed in performing this job. Describe how these laws, regulations, etc., are used in this work.

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**Part 4 - DECISION MAKING**

What decisions are made without reference to higher authority? What aspects are checked or reviewed by others? What kinds of errors in judgment or performance can be made by this position? What happens if such an error or mistake is made?

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**Part 5 - SUPERVISION RECEIVED**

- A. Who assigns work to this position? (Job Title and Job Code of individual)
- B. Who checks the work upon completion? (Job Title and Job Code of individual)
- C. What level of supervision or direction is received in performing the assigned duties? (Check one)
- Assignments are well detailed and well prescribed by the supervisor.
  - Assignments are prescribed, but the methods are not typically reviewed nor controlled while the work is in progress.
  - Position is free from both technical and administrative oversight while the work is in progress.
  - Position is free from active technical control in planning and carrying out work responsibilities.
  - Position is provided with technical and administrative freedom to plan, develop and organize all phases of the work necessary for its completion within broad program guidelines.

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**Part 6 - PERSONAL CONTACTS**

Describe the different kinds of people contacted in carrying out the work. Describe the purpose, nature and frequency of these contacts. Also indicate whether they are in person, by correspondence or by telephone.

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**Part 7 - FISCAL IMPACT OF WORK (If none, please write NONE.)**

- A. List the approximate payroll cost for positions supervised: \_\_\_\_\_
- B. List the approximate operating budget for which the position is personally responsible: \_\_\_\_\_

C. List and describe other dollar amounts for which the position has direct responsibility: \_\_\_\_\_

**Part 8 - SPECIAL REQUIREMENTS**

A. Does the job require travel?     Yes     No    If yes, what percent of the work week is spent in a travel status?

B. What licenses or certificates are required to perform the work? List the source for such licenses or certificates.

**Part 9 - SECTION FOR APPOINTING AUTHORITY OR DESIGNEE**

I certify, subject to the penalties provided by law and the Merit System of Personnel Administration Rules, that the responses to this questionnaire are, to the best of my knowledge, complete and accurate and reflect the duties assigned to this position on a regular and consistent basis.

\_\_\_\_\_  
Signature of Appointing Authority or Designee Completing this Section | Date

Upon completion of this section, the HCM-39 should be returned to the employee for his/her review and signature.

**Part 10 - EMPLOYEE'S SECTION: (This section is to be completed by the employee occupying the position.)**

I have read and understand that the duties listed on this form are those assigned to this position on a regular and consistent basis. I have been provided a copy of the rules regarding the allocation of positions.

\_\_\_\_\_  
Signature of Employee | Date

**QUESTIONNAIRES NOT SIGNED BY BOTH THE EMPLOYEE (IF THE POSITION IS OCCUPIED) AND THE APPOINTING AUTHORITY OR DESIGNEE WILL BE RETURNED.**

**FOR HCM/AGENCY USE ONLY**

ALLOCATED TO: \_\_\_\_\_ PIN: \_\_\_\_\_  
Job Family Descriptor Title and Code

BY: \_\_\_\_\_ Date \_\_\_\_\_  
Name of HCM/Agency Reviewer

Job Family Descriptor Level Code By \_\_\_\_\_ Date \_\_\_\_\_  
Level Code Name of Agency Reviewer  
Which Assigned