

Instructions for Completing POSITION DESCRIPTION QUESTIONNAIRE (OPM-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.

INCOMPLETE OR IMPROPERLY COMPLETED FORMS WILL BE RETURNED FOR NECESSARY INFORMATION

- PART 1 - General information.
- PART 2 - Description of duties performed: Use your own words. Be concise.
- PART 2A - Describe the major purpose of the job.
- PART 2B - List the various duties that are performed on a regular and consistent basis. The job duties which you consider most important should be listed first, followed by less important duties. Please estimate the percentage of time spent performing each duty. The total of the percentages should equal 100%. Describe the work assignments over a long enough period of time to present a picture of the job as a whole. If the work varies from season to season, or time to time, duties should be grouped together according to such period. Describe the work clearly so that anyone who reads the description will understand what duties are being performed, even if they know nothing about the job.
- PART 2C - Describe any occasional or irregular work assigned to this job.
- PART 3 - Supervisory duties: This part applies only to direct supervisory duties (e.g., approval of leave and completion of performance evaluations).
- PART 4 - Equipment operation: List the equipment operated in performing the work and the percentage of time such equipment is operated.
- PART 5 - Work guidelines: Describe any guidelines used in performing the job and how they are used.
- PART 6 - Decision making: Include those decisions which commit the agency, division or section to a specific course of action.
- PART 7 - Supervision received: What is the nature of the supervision received?
- PART 8 - Personal contacts: List those contacts which are important to the proper operation and functioning of the position.
- PART 9 - Fiscal impact: This applies only to the payroll costs, operating budget and dollar amounts for which the position has direct responsibility.
- PART 10 - Special requirements: List only those elements required to perform the work.
- PART 11 - Appointing Authority or designee section: This section must be completed and signed by the Appointing Authority or designee of the position being described. If this section has not been properly completed, this form will not be accepted for review and must be returned. Upon completion of the questionnaire, the form should be provided to the employee for review and signature.
- PART 12 - Employee's section: Upon review of the entire form, this section is signed by the employee occupying the position or, if vacant, the Appointing Authority or designee completing the form.

UNSIGNED QUESTIONNAIRES WILL BE RETURNED

Office of Personnel Management

POSITION DESCRIPTION QUESTIONNAIRE

Part 1 - GENERAL INFORMATION:

Please read attached instructions prior to completing this form.

Name and Social Security Number of Employee Occupying the Position or if Position is not Occupied, Indicate Whether Position is New or Vacant.	Current Official OPM 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 *(Complete B below.)*

B. 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

C. Describe any occasional or irregular work, such as writing special reports, etc. Indicate how often such work is performed.

Part 3 - 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 of Employees Supervised	PIN:

- C. What is the nature and extent of the responsibility for employees under the supervision of this position? Check all phrases which apply to the job.

	Recommend	Approve	
<input type="checkbox"/> Plan work of others	<input type="checkbox"/>	<input type="checkbox"/>	Hire new employees
<input type="checkbox"/> Distribute work to others	<input type="checkbox"/>	<input type="checkbox"/>	Terminate employees
<input type="checkbox"/> Check work of others	<input type="checkbox"/>	<input type="checkbox"/>	Promote employees
<input type="checkbox"/> Approve work of others	<input type="checkbox"/>	<input type="checkbox"/>	Demote employees
<input type="checkbox"/> Train employees	<input type="checkbox"/>	<input type="checkbox"/>	Discipline employees
<input type="checkbox"/> Evaluate performance	<input type="checkbox"/>	<input type="checkbox"/>	Approve leave
<input type="checkbox"/> Establish unit policy/procedure	<input type="checkbox"/>	<input type="checkbox"/>	Approve pay increases

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

Part 4 - EQUIPMENT OPERATION

Describe any equipment regularly operated in performing the assigned work, e.g., typewriter, photocopier, computer terminal, fork-lift, front-end loader, etc., and the percentage of time spent operating such equipment. This percentage should be time actually spent in the operation of the equipment.

Part 5 - 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.

Part 6 - 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?

Part 7 - SUPERVISION RECEIVED

- A. Who assigns work to this position? (Name of individual) _____
- B. Who checks the work upon completion? (Name 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.

Part 8 - 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.

Part 9 - 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 10 - 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 11 - 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 OPM-39 should be returned to the employee for his/her review and signature.

Part 12 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 OPM/AGENCY USE ONLY

ALLOCATED TO: _____ PIN: _____
Job Family Descriptor Title and Code

BY: _____ Date
Name of OPM/Agency Reviewer

Job Family Descriptor Level and Code To Which Assigned Level Code By _____ Date
Name of Agency Reviewer

BASIS FOR ALLOCATION: Questionnaire On-Site Audit _____ (Attach copy.)
Date