# Position Analysis Questionnaire

## Purpose and Instructions

The Position Analysis Questionnaire (PAQ) is designed to collect detailed information about the duties and responsibilities of the position you fill as it currently exists. The collected job data will be used to help develop or revise position descriptions and to help evaluate the position for appropriate classification, ensuring we have a consistent approach. Your goal is to capture the tasks you accomplish in the position, the Knowledge, Skills and Abilities (KSA’s) required, the organizational context (other staff you work with) and tools or equipment you use. Please be as specific as possible given the time and space available to you. Remember to include those tasks that “everyone knows” you do in the position.

Please complete the Questionnaire as an electronic document. While you do need to respond to each question that applies to your position, you are not required to fill the entire space provided. Most fields will expand to hold additional text, should you need more space. Likewise, you can add rows to most tables by hitting the “tab” key with the curser in the final row. Should you add a row unintentionally, you may remove it by immediately typing “ctrl” and “z” at the same time or simply leave the new row blank.

Once you have completed the questionnaire, please route it to your supervisor for validation. Your supervisor will then forward it to Human Resource Services (HRS) for analysis.

Thank you in advance for your assistance with this project. Should you have questions or concerns, please contact your supervisor or HRS.

## Section A: Employee Data

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| --- | --- | --- | --- |
| Employee Name: |  | UT EID: |  |
| Pay Plan Job Title: |  | Department: |  |
| Working title (if different from above): |  | UT Email: |  |
| Supervisor’s Name: |  | Time in Current Position? | Year       Months |
| Supervisor’s Job Title: |  | Today’s Date: |  |

## Section B: Organizational Chart

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| **Organizational Chart:** Indicate the position’s reporting relationship to others by identifying the two levels directly above the position, as well as direct reports to this position (if applicable). Please use Pay Plan job titles, not individual’s names, and specify the number of individuals. (You may also attach a copy of an organizational chart which includes all of the information below if you have one already developed). | | | | | |
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|  | | Next level Management: (Title) |  |  | |
|  | |  | |  | |
|  | | Supervisor/Manager: (Title) |  |  | |
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|  | | Your Pay Plan Job Title: |  |  | |
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| Job Title(s) of Employees supervised by this position and number in each title. | |  | | Number of student workers this position supervises? | |
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## Section C: Supervisor/Manager Section *(complete only if you have direct reports)*

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| **Supervisory Responsibilities:** Indicate the type and scope of supervisory responsibilities of this position. Please check only one box. | |
| Guides work of others who perform essentially the same work. May organize, set priorities, schedule and review work, but has little to no responsibility to hire, terminate, review performance or make pay decisions. |  |
| Supervises work of others, including planning, assigning and scheduling work, reviewing work and ensuring quality standards, training staff and overseeing their productivity. May offer recommendations for hiring, termination and pay adjustments, but does not have responsibility for making these decisions. |  |
| Supervises work of others, including planning assigning, scheduling and reviewing work, ensuring quality standards. Is responsible for hiring, terminating, training and developing, reviewing performance and administering corrective action for staff. Plans organizational structure and job content. |  |

## Section D: Budget and Impact of Position

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| **Budget:** Applies to the responsibility for financial budgeting or preventing loss within the organization. | |
| Do you manage a budget and have signing authority? | **Yes**  **No** |
| Provide the amount of your budget authority | **$** |

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| **Impact/Risk:** Applies to the level of decision making and judgmentwithin the organization**.** Conversely this alsorefers to the effect of decisions and errors within the University. Consequences of such mistakes may include damages to the University, such as loss of data, legal liability, etc. | |
| Are you a member of a senior management, executive, or leadership team? | **Yes  No** |
| Identify the typical impact of your regular recurring responsibilities (unit, department, college, enterprise, etc.) |  |

## Section E: Position Information

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| **Position Summary**: Be brief but specific, no more than two to three sentences, in summarizing the primary purpose of the position and explain why the position exists. It should give the reader an immediate impression of the position’s overall intent. |
| *Example:*  **(Administrative Assistant)** *To provide clerical and administrative support services for the unit and participate in special projects as requested.* |
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## Section F: Essential Position Functions

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| **Essential Position Functions:** List the primary functions of the position in the space provided below, indicating the most important first, and the approximate percentage of time spent on each function over the course of one year. Do not list any duties or responsibilities that require 5% or less of the position’s time. Please begin statements with action verbs. | | |
| *Example:*  **(Administrative Assistant)** *Receives and screens visitors and telephone calls, providing information, which may require the use of judgment and interpretation of policies and procedures.* | | *50%* |
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## Section G: Knowledge, Skills or Abilities (KSA’s)

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| **KSA’s:** Indicate the types of KSA’s necessary to effectively perform the position’s essential functions. Indicate the level of proficiency required for each KSA by checking the appropriate column. | | | |
| **KSA** | **Basic** | **Intermediate** | **Advanced** |
| *Example:* **(Administrative Assistant)**  *Written Communication Skills* |  |  |  |
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## Section H: Education and Experience

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| **Education:** Indicate the minimum level of education generally necessary to effectively perform the position’s essential functions. Please check only one required educational level and one preferred level (if applicable). *Note: This is not necessarily the same as your current level of education.* | | | |
| **Level of Education, Vocational or other training** | **Specific Major, Concentration or Area of Learning** | **Required** | **Preferred** |
| High School Diploma or GED |  |  |  |
| Vocational/Technical Diploma |  |  |  |
| Some College/Associate’s degree |  |  |  |
| Bachelor’s degree |  |  |  |
| Master’s degree |  |  |  |
| Jurisprudence doctorate |  |  |  |
| Doctoral degree |  |  |  |
| Other |  |  |  |

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| **Licenses/Certifications/On-going Training:** Indicate special licenses and certifications that are required or preferred for this position. | | |
| **Type** | **Required** | **Preferred** |
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| **Experience:** Indicate the years of work-related experience that is required or preferred to perform this position’s essential functions. | | | | |
| **Type of Experience** *(briefly describe)* | | **Incumbent’s Years of Experience** *(select one)* | **Years of Experience Required for Position** | **Years of Experience Preferred for Position** |
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| **No experience required** |  | | | |

## Section I: Software/Technology/Equipment

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| **Software/Technology/Equipment:** Indicate the software, technology and equipment required to effectively perform the position’s essential functions. Indicate the level of proficiency required for each one by checking the appropriate column. *Note: This is not necessarily the same as your current level of proficiency.* | | | |
| **Do you use standard office equipment, such as a phone, copier, fax machine and keyboard?** | **Yes  No** | | |
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| **Software/Technology/Equipment** | **Basic** | **Intermediate** | **Advanced** |
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## Section J: Customers and Contacts

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| **Customers and Contacts:** Provide examples of the primary internal and external customers/contacts (by title) for this position. Indicate whether this contact is within same unit or organization, within UT Austin, or external to UT Austin. | | |
| **Title** | **Type of Contact** | **Reason for Contact** |
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| **Customer service:** Indicate the level of customer service required of your position by selecting one best answer from below. | |
| I follow through with general customer inquiries, requests, and complaints. |  |
| I take routine or required customer actions to meet customer’s needs. Respond promptly and accurately to customers’ complaints, inquiries and requests for information and coordinates appropriate follow up. |  |
| I maintain clear communication with customer s regarding mutual expectations. Take personal responsibility and accountability for correcting customer-service problems. |  |
| I act as a trusted advisor, become involved in customers’ decision-making process. |  |
| I identify opportunities for the development and implementation of new products, organization-wide policies or processes. |  |

## Section K: Additional Information and Signatures

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| **Additional information (Optional):** Describe as clearly and concisely as possible any additional information that would be important to fully understand the responsibilities, nature and scope of the position. |
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| **Supervisory comments (Optional):** Provide comments or additional information related to the position. |
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| **Completed by:** |  | Date: |  |
| **Reviewed by (supervisor/manager):** |  | Date: |  |