



University of Missouri System

COLUMBIA | KANSAS CITY | ROLLA | ST. LOUIS

POSITION CLASSIFICATION QUESTIONNAIRE (PCQ)

NON-EXEMPT GGS ONLY

Date	
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Nature of Request (Check all that apply)

Reclassification of existing position <i>(Significant change in duties)</i>	Vacant	New Position – Classification (non-exempt)
	Occupied	
Notes to Reviewer		

POSITION DATA

Position #	
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CURRENT				PROPOSED			
Job code:		Job Title:		Job code:		Job Title:	
GGs Grade:		Salary:	\$	GGs Grade:		Salary:	\$

EMPLOYEE / DEPARTMENT DATA

Employee name		Department Name	
Employee ID#		Supervisor's name	
FTE		Supervisor's title	
DEPTID		Supervisor's position #	

JUSTIFICATION AND REVIEW DATA

This box must be completed if there is a current incumbent being reclassified: How long has the employee been performing these duties? When did a change to the current duties take place? Describe approximately how and when the change occurred.

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For guidance on completing this form, please contact the Human Resources Partner for your College, School, or Division. **If you require further assistance, contact UM System Office of Compensation and Classification via email: umhrcomp@umsystem.edu.**

POSITION SUMMARY

In a few (two to three) sentences, describe why this position exists and its primary purpose. Do not list specific key responsibilities here; they are covered in the next section.

KEY RESPONSIBILITIES

List, *in order of importance*, specific major duties and responsibilities and estimate the average percentage of time spent on each. The following chart will assist you in estimating time percentages on an annual basis.

% of Time	PERIODIC EQUIVALENCIES			
	Daily	Weekly	Monthly	Yearly (annually)
5%	30 minutes	2 hours	1 day	2.5 weeks
10%	1 hour	4 hours	2 days	5 weeks
20%	2 hours	1 day	4.5 days	2.5 months

	List duties and responsibilities in order of importance.	% of Time
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.	<i>Performs other job-related duties as assigned (typically ~ 5%)</i>	
	<i>verify that percentages add up to 100%</i>	

EDUCATION AND WORK EXPERIENCE

Education

What is the **minimum** formal education required to perform the duties of the position satisfactorily? List the degree required, along with the appropriate major, if applicable

Education Level	Major (if applicable)	Equivalent Experience in Lieu of Degree Allowed?	
High school diploma		Y	N
Associate's degree		Y	N
Bachelor's degree		Y	N
Graduate degree		Y	N
Other (specify)		Y	N

Experience

What is the **minimum** amount of related work experience required to perform the duties of the position satisfactorily? List the number of years required (in whole years), and describe the type of experience in the space below.

Licensure or Certification

List any licensure, registration, certificates or other credentials that are **required** to perform the work. (If desired credentials are listed, indicate these as preferred vs. required qualifications.)

WORKING CONDITIONS/PHYSICAL EFFORT

To comply with the Americans with Disabilities Act of 1990 (ADA), which prohibits discrimination against qualified individuals based on disability, it is necessary to specify the physical, mental, and environmental conditions of the position.

Select ONLY those boxes that apply to the essential duties of the job:

Physical				Mental		Environmental	
On the job the employee must:				On the job the employee must be able to:		On the job the employee:	
<input type="checkbox"/>	Bend	<input type="checkbox"/>	Handle object (manual dexterity)	<input type="checkbox"/>	Read/Comprehend	<input type="checkbox"/>	Is exposed to excessive noise
<input type="checkbox"/>	Squat	<input type="checkbox"/>	Reach above shoulder level	<input type="checkbox"/>	Write	<input type="checkbox"/>	Is around moving machinery
<input type="checkbox"/>	Crawl	<input type="checkbox"/>	Use fine finger movements	<input type="checkbox"/>	Perform calculations	<input type="checkbox"/>	Is exposed to marked changes in temperature and/or humidity
<input type="checkbox"/>	Climb	<input type="checkbox"/>	Other :	<input type="checkbox"/>	Communicate orally		
<input type="checkbox"/>	Kneel	Must carry/lift loads that are:		<input type="checkbox"/>	Reason and analyze	<input type="checkbox"/>	Is exposed to dust, fumes, gases, radiation, infectious diseases, etc.
<input type="checkbox"/>	Sit	<input type="checkbox"/>	Light (up to 25 lbs.)	<input type="checkbox"/>	Other :		
<input type="checkbox"/>	Stand	<input type="checkbox"/>	Moderate (25 – 50 lbs.)				
<input type="checkbox"/>	Walk	<input type="checkbox"/>	Heavy (over 50 lbs.)			<input type="checkbox"/>	Drives motorized equipment**
<input type="checkbox"/>	Push/Pull					<input type="checkbox"/>	Works in confined quarters
						<input type="checkbox"/>	Other:

**Which can include automobiles for the nature of work.

IMMEDIATE SUPERVISOR COMMENTS

Use this section to provide any other information relevant to the position and its evaluation. (Reminder: the job incumbent's performance level is not a part of this review and is not to be considered for this exercise.)

CHECKLIST:

	Reclassification - Vacant; no restrictions for new position but must be non-exempt to non-exempt GGS only
	Reclassification - With incumbent; performing new duties for at least 6 months; two grade change max, can be different family, non-exempt to non-exempt GGS only
	New position - Non-exempt GGS only
	Current organizational chart is required for all requests

SIGNATURES

My signature confirms that the information presented here is an accurate representation of the position as it current exists to the best of my knowledge, and my support for this reclassification request.

Immediate supervisor signature

Date

Next level supervisor signature

Date
