

Your Name:	
Your Official Job Title:	
Your Working Title (if different):	
Your Pin #	
Work Location (city):	
Court/Office Type:	<b>Select One</b>
Department:	
Division/Unit within the Department	
Your Supervisor's Name:	
Your Supervisor's Title:	
Date Prepared:	



## MARYLAND JUDICIARY

# POSITION DESCRIPTION QUESTIONNAIRE (PDQ)

AUGUST 2014

# Table of Contents

<b>Instructions .....</b>	<b>1</b>
<b>Your Duties and Responsibilities .....</b>	<b>2</b>
Basic Job Summary.....	2
Essential Duties and Responsibilities .....	3
<b>Supervisory Responsibilities.....</b>	<b>10</b>
Employee Supervision.....	10
Contractor Supervision .....	11
<b>Minimum Job Requirements .....</b>	<b>12</b>
<b>Physical Requirements .....</b>	<b>13</b>
<b>Working Conditions.....</b>	<b>14</b>
<b>Supervisor’s Review Section.....</b>	<b>15</b>

## Instructions

The Human Resources Department is reviewing the job descriptions for all positions to ensure that they accurately reflect the work that you all do.

To assist with this analysis, we ask that you complete this questionnaire to provide information about your position. You are an important part of this project. We thank you for your effort!

### EMPLOYEE INSTRUCTIONS

1. Read each item carefully and enter your responses.
2. Please save the file as “**PDQ-[Job Title-Your last name-Your first name].docx**”. For example, if your name is John Doe and your job title is Courtroom Clerk, save the file as **PDQ-Courtroom Clerk.Doe.John.docx**.
3. Email your completed PDQ to your supervisor **no later than *Friday September 19, 2014***.

### SUPERVISOR INSTRUCTIONS

1. Ensure employees complete the PDQ by the deadline.
2. Review the employee’s answers to each question. Employee responses should reflect their **current major tasks**, not anticipated changes. Write your comments in the Supervisor Comment box provided in each section and/or use the pages provided at the end of the questionnaire.
3. Please **do not edit or change** the employee’s responses. Also, do not make any comments regarding the employee’s performance or personal capabilities.
4. Email completed questionnaires to [ocsa-hris@mdcourts.gov](mailto:ocsa-hris@mdcourts.gov) **no later than *Tuesday September 30, 2014***.
5. We encourage you to share your comments with the employee.

## Your Duties and Responsibilities

### Basic Job Summary

Briefly describe the basic purpose of your job. This job summary should be two or three sentences that describe the primary responsibility and purpose of the position. The next section provides the opportunity to describe each duty and responsibility in more detail.

*Examples: Manage dockets and records and provide administrative support for judicial proceedings. Receive, examine, and process a variety of legal documents in support of court operations. Provide information about the status of cases or court procedures.*

### SUPERVISOR COMMENTS (if you have any)

### Instructions for the Next 7 Pages:

- In the following section, please list and describe your **most important** essential job duties and responsibilities. Start with the major duty or responsibility that takes the **greatest portion** of your time each year.
- Please describe these major duties as if you were explaining them to a new employee who is not yet familiar with your work or with Maryland Judiciary. Please **do not use abbreviations or acronyms**.
- Indicate **about how often** you perform each duty (daily, weekly, etc.).
- Describe the knowledge, skills, and abilities that you think are needed to perform this duty or responsibility.

## Essential Duties and Responsibilities

Describe your actual current duties, even if they differ from your job description.

Describe the duty or responsibility that takes the greatest portion of your time each year.	
1.	
Approximate Frequency (check one)	
<input type="checkbox"/> Daily (or almost daily)	<input type="checkbox"/> Semi-Annually (about 2x a year)
<input type="checkbox"/> Weekly (or almost weekly)	<input type="checkbox"/> Annually or less often
<input type="checkbox"/> Monthly (or almost monthly)	<input type="checkbox"/> Other _____
In your opinion, what <u>knowledge, skills, and abilities</u> are needed to perform this work?	

<b>SUPERVISOR COMMENTS (if you have any)</b>
--

Describe your actual current duties, even if they differ from your job description.

Describe another duty or responsibility that takes a significant portion of your time.	
2.	
Approximate Frequency (check one)	
<input type="checkbox"/> Daily (or almost daily)	<input type="checkbox"/> Semi-Annually (about 2x a year)
<input type="checkbox"/> Weekly (or almost weekly)	<input type="checkbox"/> Annually or less often
<input type="checkbox"/> Monthly (or almost monthly)	<input type="checkbox"/> Other _____
In your opinion, what <u>knowledge, skills, and abilities</u> are needed to perform this work?	

<b>SUPERVISOR COMMENTS (if you have any)</b>
--

Describe your actual current duties, even if they differ from your job description.

Describe another duty or responsibility that takes a significant portion of your time.	
3.	
Approximate Frequency (check one)	
<input type="checkbox"/> Daily (or almost daily)	<input type="checkbox"/> Semi-Annually (about 2x a year)
<input type="checkbox"/> Weekly (or almost weekly)	<input type="checkbox"/> Annually or less often
<input type="checkbox"/> Monthly (or almost monthly)	<input type="checkbox"/> Other _____
In your opinion, what <u>knowledge, skills, and abilities</u> are needed to perform this work?	

<b>SUPERVISOR COMMENTS (if you have any)</b>
--

Describe your actual current duties, even if they differ from your job description.

Describe another duty or responsibility that takes a significant portion of your time.	
4.	
Approximate Frequency (check one)	
<input type="checkbox"/> Daily (or almost daily)	<input type="checkbox"/> Semi-Annually (about 2x a year)
<input type="checkbox"/> Weekly (or almost weekly)	<input type="checkbox"/> Annually or less often
<input type="checkbox"/> Monthly (or almost monthly)	<input type="checkbox"/> Other _____
In your opinion, what <u>knowledge, skills, and abilities</u> are needed to perform this work?	

<b>SUPERVISOR COMMENTS (if you have any)</b>

Describe your actual current duties, even if they differ from your job description.

Describe another duty or responsibility that takes a significant portion of your time.	
5.	
Approximate Frequency (check one)	
<input type="checkbox"/> Daily (or almost daily)	<input type="checkbox"/> Semi-Annually (about 2x a year)
<input type="checkbox"/> Weekly (or almost weekly)	<input type="checkbox"/> Annually or less often
<input type="checkbox"/> Monthly (or almost monthly)	<input type="checkbox"/> Other _____
In your opinion, what <u>knowledge, skills, and abilities</u> are needed to perform this work?	

<b>SUPERVISOR COMMENTS (if you have any)</b>
--

Describe your actual current duties, even if they differ from your job description.

Describe another duty or responsibility that takes a significant portion of your time.	
6.	
Approximate Frequency (check one)	
<input type="checkbox"/> Daily (or almost daily)	<input type="checkbox"/> Semi-Annually (about 2x a year)
<input type="checkbox"/> Weekly (or almost weekly)	<input type="checkbox"/> Annually or less often
<input type="checkbox"/> Monthly (or almost monthly)	<input type="checkbox"/> Other _____
In your opinion, what <u>knowledge, skills, and abilities</u> are needed to perform this work?	

<b>SUPERVISOR COMMENTS (if you have any)</b>

Describe your actual current duties, even if they differ from your job description.

Describe another duty or responsibility that takes a significant portion of your time.	
7.	
Approximate Frequency (check one)	
<input type="checkbox"/> Daily (or almost daily)	<input type="checkbox"/> Semi-Annually (about 2x a year)
<input type="checkbox"/> Weekly (or almost weekly)	<input type="checkbox"/> Annually or less often
<input type="checkbox"/> Monthly (or almost monthly)	<input type="checkbox"/> Other _____
In your opinion, what <u>knowledge, skills, and abilities</u> are needed to perform this work?	

<b>SUPERVISOR COMMENTS (if you have any)</b>





## Minimum Job Requirements

What education, experience, certifications, and licenses do you think should be **required** – at a minimum – for new employees in this job?

What education, experience, certifications, and licensing do you think should be **preferred** for new employees in this job?

**Minimum Requirements** (“minimum” means candidates should not be considered for the position without at least the following)

*Example: High school diploma or GED. 2 years of related work experience.*

Education:

Experience:

Certifications/Licenses:

**Preferred or Desirable Background/Qualifications** (if different from minimum requirements)

Education:

Experience:

Certifications/Licenses:

**SUPERVISOR COMMENTS (if you have any)**

## Physical Requirements

Please indicate the category that best describes your position.

Physical Demands	Description	Please Select One:
<b>Sedentary Work</b>	Exerting up to 10 pounds of force occasionally, a negligible amount of force frequently, and/or constantly having to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.	<input type="checkbox"/>
<b>Light Work</b>	Exerting up to 20 pounds of force occasionally, up to 10 pounds of force frequently, and/or a negligible amount of force constantly having to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for the Sedentary Work category and the worker sits most of the time, the job is rated Light Work.	<input type="checkbox"/>
<b>Medium Work</b>	Exerting up to 50 pounds of force occasionally, up to 20 pounds of force frequently, and/or up to 20 pounds of force constantly having to move objects.	<input type="checkbox"/>
<b>Heavy Work</b>	Exerting up to 100 pounds of force occasionally, up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly having to move objects.	<input type="checkbox"/>

**SUPERVISOR COMMENTS (if you have any)**

## Working Conditions

Indicate how often your work requires you to be in the following types of environments.

Work Environment/Locations	Seldom or Never	Sometimes	Frequently or Often
Office or similar indoor environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outdoor environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the community (homes, businesses, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Warehouse environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shop environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Indicate how often your work requires you to be exposed to the following.

Exposures	Seldom or Never	Sometimes	Frequently or Often
Individuals who are rude or irate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individuals with known violent backgrounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme cold ( <i>below 32 degrees</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme heat ( <i>above 100 degrees</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moving mechanical parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of electrical shock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fumes or airborne particles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toxic or caustic chemicals or substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SUPERVISOR COMMENTS (if you have any)**

Thank you for taking the time to tell us about your job!

Please save the file as "PDQ-[Job title,your last name.your first name].docx"

For example, if your name is John Doe and your job title is Courtroom Clerk, save the file as **PDQ-Courtroom Clerk.Doe.John.docx**. Then email your completed questionnaire to your supervisor no later than **Friday September 19**.

## Supervisor's Review Section

To be completed by the immediate supervisor of the individual(s) who completed the questionnaire.

Supervisor's Name:	
Supervisor's Title:	

**1. What do you think is the most appropriate job title for this position?**

If you think the current title is the most appropriate, enter "same as current."

If this questionnaire includes responses from multiple employees, indicate the title that you think is appropriate for each individual position.

--

**2. Please review the employee's responses and write any comments in the "Supervisor's Comments" section on each page.**

We encourage you to share your responses with the employee; however, please do not change anything that the employee has written. Also, please **do not** make any comments regarding the employee's performance or personal capabilities.

**3. Please tell us anything else you think we should know about this position.**

--

Email the completed questionnaire to [ocsa-hris@mdcourts.gov](mailto:ocsa-hris@mdcourts.gov) no later than **Tuesday September 30, 2014.**