



University of Missouri System

COLUMBIA | KANSAS CITY | ROLLA | ST. LOUIS

POSITION CLASSIFICATION QUESTIONNAIRE (PCQ) NON-EXEMPT (GGS 03-09 - non-exempt only)

Date

NATURE OF REQUEST *(check all that apply)*

<input type="checkbox"/>	Reclassification of existing position <i>(significant change in duties)</i>	<input type="checkbox"/>	Vacant	<input type="checkbox"/>	New Position - Classification (non-exempt)
		<input type="checkbox"/>	Occupied		
<input type="checkbox"/>	Notes to reviewer				

POSITION DATA

Position #

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.

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

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?	
<input type="checkbox"/> High school diploma		<input type="checkbox"/> Y	<input type="checkbox"/> N
<input type="checkbox"/> Associate's degree		<input type="checkbox"/> Y	<input type="checkbox"/> N
<input type="checkbox"/> Bachelor's degree		<input type="checkbox"/> Y	<input type="checkbox"/> N
<input type="checkbox"/> Graduate degree		<input type="checkbox"/> Y	<input type="checkbox"/> N
<input type="checkbox"/> Other (specify)		<input type="checkbox"/> Y	<input type="checkbox"/> 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"/> Other			
<input type="checkbox"/> Stand		<input type="checkbox"/> Light (up to 25 lbs.)			
<input type="checkbox"/> Walk	<input type="checkbox"/> Moderate (25 – 50 lbs.)			<input type="checkbox"/> Drives motorized equipment	
<input type="checkbox"/> Push/Pull	<input type="checkbox"/> Heavy (over 50 lbs.)			<input type="checkbox"/> Works in confined quarters	
				<input type="checkbox"/> Other:	

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.)

This form is to be used for the non-exempt Position Classification process. To use this process, all of the following criteria must be met:

	Position is vacant: department wants to use old position number - reclassify, but treat as "new" position under review.
	OR, Position has incumbent: incumbent must be performing new duties and scope of responsibilities for 6 months or longer.
	For incumbent reclassifications: Two-grade change maximum (no more than a two GGS non-exempt step change)
	Non-exempt job to a non-exempt job only (up to non-exempt GGS09)
	Current organizational chart is attached

SIGNATURES

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

Immediate supervisor signature

Date

Next level supervisor signature

Date