



CITY OF CHICAGO
Department of Human Resources
Position Description Questionnaire (PER-15)

- Original to Department of Human Resources
- Copy to employing department

Items to be completed by incumbent or by the Supervisor if the position is vacant.	
1 Last Name <input type="checkbox"/> Male <input type="checkbox"/> Female <hr/> First Name Middle	Do not use this space
2 Employee's Current Title and Grade Employee's ID Number Fund and Activity numbers, if new or vacant	4 Name of Department
3 Reason for preparing the PER-15 <input type="checkbox"/> Response to Union Grievance <input type="checkbox"/> New position <input type="checkbox"/> Evaluate a vacancy <input type="checkbox"/> Change in existing position <input type="checkbox"/> Review for proper allocation	5 Name of Bureau
7 Job location or place of work and telephone number	6 Name of Division
8 Name, payroll title and salary grade of employee who directly supervises this position.	
9 In your own words, briefly state the basic function or purpose of the reviewed position.	
10 List the names, payroll titles and salary grades of the employees that the reviewed position supervises. If this position supervises more than five employees, give the number of employees in each payroll title. If this position does not supervise, indicate "None".	
11 Please indicate the level of supervision regularly provided to the above staff. <input type="checkbox"/> First-line Supervisor (e.g. plans, assigns, monitors and evaluates the work of subordinate staff); <input type="checkbox"/> Working Supervisor (e.g. performs and supervises the work of staff); <input type="checkbox"/> Functional Supervision (e.g. coordinates and oversees the work of assigned staff on a project basis)	
12 Describe the most typical work problems encountered.	
13 Describe the most complex or difficult work problems encountered.	
14 What, in your judgment, is the most important duty or activity of this position?	

15. Principal Duties

The following information is essential in order to properly classify this position. Describe the major duties or work activities of this position. For each major duty or activity describe in the four sections below (1) What is done (action), (2) How it is done (method), (3) Why is it done (result), and (4) the approximate percentage of total working time that is spent performing this duty. Duties listed should total 100%. Use additional paper if needed.

SAMPLE DUTY STATEMENTS

What is done?	How is it done?	Why is it done?	Percentage of time
I type letters, memoranda, forms, and reports	by operating an electric typewriter	for the purpose of producing typewritten information	30%
I organize and write the monthly personnel report for the department	by obtaining the number and type of workforce changes	to inform the Commissioner of the number of hires, resignations, vacancies, etc.	5%
What is done?	How is it done?	Why is it done?	Percentage of time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What is done?	How is it done?	Why is it done?	Percentage of time

I understand that this questionnaire is **not** a review of my job performance and I certify that the information contained herein is my own and is accurate.

Signature	Date
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Items to be completed by the Position's Immediate Supervisor.

16 Describe in detail why this position is being submitted for review.

17 Is this position replacing someone who previously performed these duties?

Yes No

If yes, give the employee's name, payroll title and dates the employee performed these duties.

18 Describe the knowledge, abilities and skills you believe are needed to perform the essential functions of this position.

Knowledge:

Abilities:

Skills:

Other requirements:

19 Give the name and job title of other positions in your department having duties of a similar nature and responsibility. If there are no similar positions indicate "None".

Items to be completed by the Personnel Liaison.

20 Have you reviewed the PER-15 to ensure that it is complete and correct?

Yes No If no, explain

21 Have you attached a current organizational chart and resume (if position is occupied)?

Yes No If no, explain

22 What job title is being requested?

Is there currently a vacant position in the department's budget with the requested job title?

Yes No

All Position Description Questionnaires (PER-15) must be signed by the immediate supervisor, the Personnel Liaison and Department Head. Each signer is to ensure that the information provided in the document is complete and accurate. The audit will not be conducted without requested items and appropriate signatures.

I certify that all entries in the foregoing are accurate and complete.

Signature of immediate supervisor	Signature of Personnel Liaison
Title	Title
Date	Date
Business Phone	Business Phone

Signature of Department Head		
Title	Business Phone	Date