State of SouthDakota
BUREAU OF HUMAN RESOURCES AND ADMINISTRATION

PDQ/CBQ Supervisor's Section

Sections A through D are to be completed by the incumbent's immediate supervisor. Please sign this form digitally or print and sign, then forward to your HRM for processing.

A. ORGANIZATIONAL STRUCTURE

Incumbent Name		Your Name	
Incumbent Position Number		Your Title	
Department		Your Position Number	
Division		Your Supervisor	
Your Supervisor's Title			

Names and titles of all subordinates reporting to you.

B. POSITION INFORMATION

Are all statements made in the employee's section correct? ☐ Yes ☐ No *Please indicate any additions or exceptions.*

What are the most important or critical duties of this position? Please explain.

What are the most difficult or complex duties of this position? Please explain.

Has this position acquired duties from other positions? ☐ Yes ☐ No
If yes, please identify duties and positions.

Have any duties of this position been assigned to someone else? ☐ Yes ☐ No
If yes, which duties and who performs them now?

What knowledge, skills, and abilities will an incumbent need to perform the duties of this position? *Indicate if a license or certification is required.*

C. REQUEST FOR POSITION CLASSIFICATION/PAY GRADE REVIEW

Requested classification or exempt paygrade
Who initiated the request for a review?
Working title of this position.
Reasons for the request.
Do you feel that the position should be reclassified (or exempt pay grade changed)? ☐ Yes ☐ No *Please explain.*

D. SUPERVISOR SUPPLEMENTAL QUESTIONS

How much latitude is the incumbent given to make decisions? *What types of decisions need to be referred to you or others?*
How do you review and monitor their work? *How much supervision is needed? Has this decreased since they started?*
Who determines the priority of the incumbent's projects? Who establishes the time frames and deadlines?
Please compare incumbent's position to any comparable positions and provide name(s) or position number(s). *Please include similarities/differences in functions, decisions, problems, etc.*

Notes or additional information (complete only if needed).

By signing this form below, I certify that the information contained herein is a true, accurate, and complete description of this position to the best of my knowledge.

Supervisor's Signature	Date Submitted

*Complete the supervisor sections and questions above before signing. Upon signature, the incumbent and supervisor sections should both be forwarded to your HRM immediately.