

For Human Resources Use

Approved Payroll Title	Class Code	Grade	Effective Date	Initial	Date
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Managerial & Confidential Position Information Questionnaire (PIQ)

Your Name: _____ Date: _____

Position Functional Title: _____

Division and Department: _____

Working Location: _____

Total length of service in current position (if reclassification): years months

Total length of service with UConn Health (if reclassification): years months

How long have the responsibilities of this position been substantially as described? _____

When answering the following questions, put your position in perspective relative to other positions within UConn Health. Describe your job requirements as they are today. Skip those questions that do not apply to your job.

- 1. Basic Purpose /Function:** Please state the primary purpose of your job. Consider the question, 'Why does this job exist and how does it fit into UConn Health as a whole?'

- 2. Principal Accountabilities/Responsibilities:** Please list all key responsibilities which occupy a major part of your time on the job. Be as specific as possible and *list the most Important ones first*. Please show the *approximate* percent of time spent in each activity in a representative year. Please specify whether accountabilities/responsibilities fall under the scope of Teaching, Administration or Patient activities. Please list no more than eight to avoid creating a task list. (Listed accountabilities/responsibilities should total at least 75% of your time. Total must not exceed 100%).

Accountabilities/Responsibilities	Category	% of Time
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

3. Organizational Relationships: Please list the job titles that relate to your position as follows:

A. Your Job Reports to:

B. Direct Subordinate Job(s):

C. Perceived Peer Job(s):

4. Education and Experience: Please indicate the minimum amount of formal education and job-related experience that are required (not preferred) for someone to be hired for your position. **Important Note:** This is not intended to indicate the education experience you had when assuming this position.

5. Complexity/Specialized Knowledge: Please describe the aspects of your job which are the *most* complex or demanding or require the most specialized knowledge. (Generally no-more than two aspects should be listed.)

1.

2.

3.

6. Decision Making Authority: Please provide examples of the most important and most demanding types of decisions required in your job.

7. Impact of Decisions: Please indicate the probable impact if incorrect decisions were made **in** your job. Consider the impact on internal operations, patient well being, overall department and UConn Health objectives and UConn Health's reputation in the community.

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1. Direct Budgetary Responsibility: Please indicate the total operating budget responsibility of this position.

Type of Budget	Annual Amount	Comments

8. Supervisory Responsibility: Please indicate the total number of individuals over whom you exercise direct and indirect supervision.

Directly	Indirectly	Type and level of employee supervised:
		Employees primarily involved in clerical, manual or semi-manual activities.
		Professional or supervisory employees
		Advanced professional or managerial employees
		TOTALS

9. Contacts: Please describe any primary contacts within and/or outside UConn Health, required to successfully perform your job. Note the purpose of the contact and the percent of time spent in a representative year with each contact. Do not include your supervisor or your subordinates.

Percent of Time	Contact/title	Purpose
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Other Comments: Please use the space below to add any other comments about the nature, responsibility or difficulty of your job.

Please review this entire questionnaire to make sure you have not overlooked any important Issues. Thank you for your time and effort in completing this questionnaire.

Employee Signature: _____ **Date:** _____

Approval Signature: _____ **Date:** _____