



**State of Oklahoma**  
**Human Capital Management**  
**A Division of the Office of Management and Enterprise Services**

## SUPPLEMENTAL POSITION DESCRIPTION QUESTIONNAIRE (HCM-39A)

This Supplemental Position Description Questionnaire is intended to show significant changes in the duties and responsibilities assigned since the position was last audited or reviewed for determination of the level of assignment. The information provided will be used by the agency to determine if another level of the job family is more appropriate to describe the duties and responsibilities assigned.

**NOTE: If an audit is required by Human Capital Management to determine the appropriate Job Family for a position, a Position Description Questionnaire or a Classification Dispute Form must be submitted.**

**Part 1 - GENERAL INFORMATION:**

Name and Employee ID Number of Employee Occupying the Position or indicate if Vacant	Current Official HCM Job Title and Job Family Code Assigned to the Position	
Agency	Current Date	PIN:
Division and Section Where Position Is Assigned	Work Address (include zip + 4) and Telephone Number	
Name and Work Telephone or Appointing Authority or Designee Completing the Form	Job Title of Appointing Authority or Designee Completing this Form	

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**Part 2 - CHANGES IN DUTIES AND RESPONSIBILITIES:**

B. Briefly describe the primary duties and major responsibilities of the position which are significantly different from those described when the position was last audited or reviewed.

**Part 3 - SUPERVISION RECEIVED:**

A. Who assigns work to this position? (Job Code and Title) \_\_\_\_\_

B. Who checks the work upon completion? (Job Code and Title) \_\_\_\_\_

C. What level of supervision or direction is received in performing the assigned duties? (Check one)

- Assignments are well detailed and well prescribed by the supervisor.
- Assignments are prescribed, but the methods are not typically reviewed nor controlled while the work is in progress.
- Position is free from active technical control in planning and carrying out work responsibilities.
- Position is free from both active technical and administrative oversight while the work is in progress.
- Position is provided with technical and administrative freedom to plan, develop, and organize all phases of the work necessary for its completion within broad program guidelines.

**Part 4 - SUPERVISORY DUTIES:**

A. Does this position include responsibilities for supervising other employees?  Yes  No  
 Do any of these employees supervise others?  Yes  No

B. List the name, job title, and position number of employees supervised.

Name of Employee Supervised	Job Title of Employee Supervised	PIN

C. What is the nature and extent of supervision provided to these employees? Check all phrases which apply.

- |  |                       | Recommend                | Approve                  |
|--|-----------------------|--------------------------|--------------------------|
| <input type="checkbox"/> Plan work of others             | Hire new employees    | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Distribute work of others       | Terminate employees   | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Check work of others            | Promote employees     | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Approve work of others          | Demote employees      | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Train employees                 | Discipline employees  | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Evaluate performance            | Approve leave         | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Establish unit policy/procedure | Approve pay increases | <input type="checkbox"/> | <input type="checkbox"/> |

D. Describe the general purpose and type of work performed by employees supervised by this position.

**Part 5 - SIGNATURE OF APPOINTING AUTHORITY OR DESIGNEE COMPLETING QUESTIONNAIRE**

I certify, subject to the penalties provided by law and the Merit System of Personnel Administration Rules, that the information provided in this questionnaire are, to the best of my knowledge, complete and accurate and reflect the changes in the duties and responsibilities assigned to this position since it was last audited or reviewed.

\_\_\_\_\_  
Signature of Appointing Authority or Designee

\_\_\_\_\_  
(Date)

**Part 6 - SIGNATURE OF EMPLOYEE OCCUPYING POSITION**

I have read the information provided in this questionnaire and understand that this information describes changes in the duties and responsibilities assigned to this position since it was last audited or reviewed.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
(Date)

**FOR AGENCY USE ONLY**

Job Family Descriptor  
 Title, Level and Code To Which Position Assigned \_\_\_\_\_ PIN: \_\_\_\_\_  
 Job Family Descriptor Title      Level      Code

BY: \_\_\_\_\_ DATE: \_\_\_\_\_