

NEW TEMPORARY POSITION QUESTIONNAIRE
(To be used for terms less than 14 weeks)

1. DEPARTMENT: 2. DEPARTMENT CODE:	3. LENGTH OF TEMPORARY POSITION (include start and end date): 4. UNION CODE:
5. BRANCH/DIVISION:	6. POSITION (WORKING) TITLE: 7. FTE: 8. BILINGUAL: YES <input type="checkbox"/> NO <input type="checkbox"/>
9. WORK SECTION/UNIT:	10. CLASSIFICATION TITLE: 11. OVERTIME CODE:
12. WORK LOCATION: 13. LOCATION CODE:	14. INCUMBENT:

15. PURPOSE:
 In one or two sentences state the main purpose of this job. (NOTE: It is often easier to complete this section AFTER describing the main duties and responsibilities.)

The information provided in this questionnaire will be used to evaluate and classify this position. Suggestions to consider in completing the questionnaire and location of Position Questionnaire Guide are provided on the last page of this document. The Position Questionnaire Guide has been prepared to assist you. Contact your HR Manager if there are areas of this questionnaire you are unable to complete.

16. EMPLOYEE CERTIFICATION:
 DATE: _____ SIGNATURE: _____

17. SUPERVISOR CERTIFICATION:
 NAME: _____ POSITION NUMBER: _____
 POSITION TITLE: _____
 DATE: _____ SIGNATURE: _____

18. HUMAN RESOURCE MANAGER/OFFICER CERTIFICATION:
 DATE: _____ SIGNATURE: _____

19. DEPUTY HEAD CERTIFICATION:
 DATE: _____ SIGNATURE: _____

RETURN COMPLETED FORMS TO: PEI PUBLIC SERVICE COMMISSION
 BOX 2000, CHARLOTTETOWN, PEI C1A 7N8
 TELEPHONE: 368-4306 FAX: 368-4383

20. DUTIES:

Describe the duties or activities of this position. What needs to be accomplished? List them in order of importance. Please ensure that the wording clearly identifies the work performed in this position. Estimate the percent of total time spent on each duty. **Please number each duty and indicate % of time.**

% of Time

1.

21. SUPERVISION:

If the position requires supervision of staff, please list the employees and their position titles below. Note that Supervision includes responsibility for training employees, for scheduling and assigning their work, and for evaluating employee performance.

- | | |
|-----------|------------|
| 1. Title: | Incumbent: |
| 2. Title: | Incumbent: |
| 3. Title: | Incumbent: |
| 4. Title: | Incumbent: |

22. BASIC REQUIREMENTS:

Identify the education, training and experience required in this position. List necessary skills and knowledge. Include any requirements for additional languages, licenses, registrations, private motor vehicle, etc.

Suggestions to consider in completing the Questionnaire:

- Please refer to the position Questionnaire Guide for assistance in completing this form. It is located on the intranet website at <http://www.gov.pe.ca/photos/original/posquesguide.pdf>.
- Before beginning, read through the entire questionnaire carefully. This will give a better understanding of the information required.
- Tell the facts about what work is actually performed and give specific examples to make it clear. Describe the job so that a person unfamiliar with it will be able to understand what is required in this position.
- You may need more space than is provided. If so, add pages and insert them in the Questionnaire. Identify the question number to which the pages refer.
- For assistance feel free to contact your supervisor, HR Manager or PEI Public Service Commission at 368-4306.

Your cooperation and timely response are gratefully acknowledged.