

## POSITION DESCRIPTION QUESTIONNAIRE

The information on this form will be used to develop a position description. Position descriptions are the basis for evaluating a job applicant's qualifications, for determining an equitable rate of pay for the position and for evaluating an employee's performance. These descriptions also are used to determine if a job site or job related equipment require modification to provide a reasonable accommodation for an employee. The Human Resources staff is available to provide assistance with completing the questionnaire. Attach additional sheets if more space is required. USE THIS FORM ONLY. Do not substitute another form or a revised form.

**Job Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Division/Department:** \_\_\_\_\_

**Reports To: (Title Only)** \_\_\_\_\_

**Job Summary or Scope:** (What is the fundamental purpose(s) of this position?)

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\_\_\_\_\_

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**Essential Job Functions, Duties or Accountabilities:** (List in order of importance the major work activities that usually take up a significant amount of available work time and occur regularly in attaining the fundamental purpose(s) of this position. Consider what would happen if a specific function was not performed or was assigned to another employee. Focus on what has to be done, not on how it is done. Include an estimate of the percentage of time spent performing each major activity Percentages can add up to less than but not more than 100%. Use back of page if additional space is required.

Job Function	Percent of Time
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Job Functions or Duties Specific to Department/Division** (These are functions or duties that are performed by this position but are not universal campus wide).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Responsibility for Budgets, Revenues and Costs:**

**Check the activities this position is responsible for in managing budgets, generating revenues, and/or controlling costs**

- Develop budget recommendations
- Develop new programs/services
- Assist in budget preparation
- Assist in developing new programs/services
- Review expense against budget
- Monitor monthly expenses
- Other (please explain)

**Indicate the size(s) and /or number of the budgets, units, programs, etc. this position is responsible for:**

**Standards of Performance:** Describe the factors that will be considered in evaluating how well the essential functions are performed. These are measures of the quality and quantity of work performed. Be specific and clear.

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**Working Relationships, Work Groups and Teams:** Identify positions this position works with on a regular basis to obtain or provide support and information.

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**Impact of Errors:** Describe the impact that errors made by this position would have on operations, finances and/or individuals; how easily the errors are detected and how costly or inconvenient it would be to correct the error(s). Would the errors effect the employee, other employees, the employee's unit, division or the whole institute?

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**Qualifications:** (What are the minimum qualifications needed to perform the essential job duties or functions? Qualifications are those skills, abilities, and knowledge that take at least 3 months to attain. Be specific on the period of time necessary to attain a qualification. Qualifications include special training or education, particular experiences, special abilities and skills, and essential physical and mental requirements. If physical abilities are required, state how often they are used. For example, "Must be able to lift materials weighing 50 pounds daily." Qualifications must be directly related to the essential functions of the position.)

**Required Education:**

- \_\_\_\_\_ Read and comprehend instructions, write information and complete simple forms.
- \_\_\_\_\_ High School (or GED) level ability in spelling, grammar, basic composition and math.
- \_\_\_\_\_ Formal diploma/certificate/degree program of 6-18 month after high school.  
Area of study \_\_\_\_\_
- \_\_\_\_\_ Associate's degree or completion of program of 18+ months after high school.  
Area of study \_\_\_\_\_
- \_\_\_\_\_ Bachelor's degree - Area of study: \_\_\_\_\_
- \_\_\_\_\_ Master's degree - Area of study: \_\_\_\_\_
- \_\_\_\_\_ Ph.D. or other doctorate level equivalent. - Area of study: \_\_\_\_\_

**List any specialized knowledge/skills for the position and indicate whether they are required or desired:**

<u>Knowledge/Skill</u>	<u>(R)quired/(D)esired</u>
_____	_____
_____	_____
_____	_____
_____	_____

**List any licenses, certificates and /or security clearances required for this position:**

\_\_\_\_\_

\_\_\_\_\_

**Lifting Requirements: (Indicate frequently, occasionally or seldom)**

- 0 - 15 pounds \_\_\_\_\_
- 15 - 30 pounds \_\_\_\_\_
- 30 - 50 pounds \_\_\_\_\_
- 50 - 100 pounds \_\_\_\_\_
- 100 + pounds \_\_\_\_\_

**Other qualifications not described above:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check and describe how any of the following skills and abilities are important to the successful performance of the position's essential functions

____ Communication Skills <hr/>
____ Analytical Ability <hr/>
____ Problem Solving <hr/>
____ Interpersonal Skills <hr/>
____ Bilingual <hr/>
____ Manual Dexterity <hr/>
____ Other (Describe) <hr/>

<b>Physical Demands:</b> Check any of the physical demands that are required in performing the essential functions. Since some activities are performed at the same time percentages may add up to over 100%.			
Standing ____%	Sitting ____%	Walking ____%	Pulling ____%
Pushing ____%	Lifting ____% lbs ____	Stooping ____%	Kneeling ____%
Crawling ____%	Climbing ____%	Reaching ____%	Other ____%

<b>Job Location:</b> (Place(s) where the work is performed and environmental condition the incumbent regularly encounters. Environmental conditions include heat, cold, noisy, dusty, cramped, poorly lit, indoors, outdoors, poorly ventilated and so on)
<hr/> <hr/> <hr/> <hr/>

<b>Equipment:</b> (Name machinery, office equipment, devices, tools, and other equipment used in performing the job. Give an estimate of the frequency of use.)
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<b>Equipment Items:</b>	<b>Frequency Used:</b>
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<hr/>	<hr/>
<hr/>	<hr/>

<b>Supervisory Responsibility:</b> (List the positions supervised, if any, and give an estimate of the time spent actually supervising.)
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**Titles of Employees Supervised:** \_\_\_\_\_ **# of Salaried** \_\_\_\_\_ **# of Hourly** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Check the phrases below that describe the kind of supervision this position is responsible for:  
(Check all that apply)**

- Plan and schedule work
- Assign work
- Instruct and train in methods and procedures
- Check and approve work
- Evaluate performance
- Make recommendations regarding unsatisfactory employees.
- Make hiring recommendations.
- Make final decision on hiring.
- Recommend salary adjustments.
- Make final decision to terminate unsatisfactory employees.

**Supervision Received:** (Describe the amount and type of supervision given to this position. For example, supervision is close or general. Close supervision means instruction on how to do the job. General supervision assumes the employee knows how to do the job, but needs direction on end results. How much supervision is given? Does the employee work independently or with supervision?)

**How frequently are assignments typically given?**

Hourly    Daily    Weekly    Monthly    Other

**How frequently is the work discussed or checked with or by the supervisor?**

Hourly    Daily    Weekly    Monthly    Other

**How (e.g., phone call, personal discussion, manual/textbook) and from whom (e.g., supervisor, coworker, etc.) does this position typically receive instructions on how to perform new or additional duties?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**How (e.g., phone call, personal discussion, manual/textbook) and from whom (e.g., supervisor, coworker, etc.) does this position usually obtain authoritative advice in handling a special problem or unusual situation?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Completed By: Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Supervisor Review: Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Human Resources Review:** \_\_\_\_\_ **Date:** \_\_\_\_\_