|  |
| --- |
| **1. POSITION IDENTIFICATION** |
| Position Title |  |
| Department |  |
| Incumbent's Name/Signature |  |  |
| Supervisor's Position Title |  |
| Supervisor's Name/Signature |  |  |
| Date |  |

|  |
| --- |
| **2. JOB DESCRIPTION** |
| Briefly state the main purpose of your job. |  |
| *Consider the major activities or responsibilities you undertake (usually 3 to 5 of them). Describe each by a phrase at the top of the block and estimate the percentage of time (to the nearest 5%) that you spend per activity per year. Then describe each activity using details or examples.* |
| Activity A: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_%) |
| Activity B: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_%) |
| Activity C: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_%) |
| Activity D: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_%) |
| Activity E: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_%) |

|  |
| --- |
| **3. EDUCATION, SPECIFIC TRAINING AND EXPERIENCE** |
| What is the minimum education for a new person being hired into this position? | [ ]  Community College Diploma[ ]  Bachelor Degree[ ]  Master’s Degree |
| Specify field of study. |  |
| Is there any additional training, professional certification or skills required? Please specify. |  |
| How many months or years of experience are required for this job? | \_\_\_ months or \_\_\_ years |

|  |
| --- |
| **4. ORGANIZATIONAL SKILLS** |
| *Select one of the following which best describes the organizational skills needed in the performance of the job.* |
| [ ]  Organizational skills may not be required on a regular basis - are occasional only.[ ]  Organization is a minor part of the job, e.g., requiring organization of activities material, and  information within small tasks and projects[ ]  Organization is regular and recurring, involving the controlling of material, information, people and  resources.[ ]  Organization involves critical decision-making and may include modification of plans, procedures,  schedules, and goals to meet objectives. This type of organization may be required to meet  objectives under strict time constraints.[ ]  Organizational skills include such things as setting goals and objectives, establishing deadlines and  schedules, coordinating resources, priority setting and time management. |

|  |
| --- |
| **5. INITIATIVE (INDEPENDENCE OF ACTION)** |
| List 3 decisions you make or duties you perform without reference to supervisors or subsequent checks. | 1. 2. 3.  |
| List 3 decisions on which you seek consultation with, or approval from, a supervisor. | 1. 2. 3.  |
| What guidelines, procedures, manuals, etc., are available to guide your decision making and actions? |  |
| State any financial responsibilities (and amounts) the job involves (e.g., budget, sales, revenues). |  |

|  |
| --- |
| **6. WORKING WITH OTHERS** (excluding those you supervise) |
| Where | People Contacted | Frequency(daily/weekly/monthly) | Purpose | Method(phone/writing/in person) |
| WithinUniversity |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Outside University |  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| **7. IMPACT OF ERRORS** |
| Describe 2 typical errors that could reasonably be made in your job, even with due care. Indicate the worst consequences, e.g., waste, delays, lost time, lost money, injury, damage, effect on people. |  |

|  |
| --- |
| **8. SUPERVISION AND GUIDANCE** |
| Do you supervise?Do you offer guidance? | [ ]  Yes [ ]  No[ ]  Yes [ ]  No |
| State the number of employees you supervise and are fully accountable for. | \_\_ Full-time\_\_ Part-time\_\_ Casual/Temporary\_\_ Student Assistants\_\_ TOTAL |
| *Indicate the type of supervision you exercise or guidance offered by checking all boxes that apply. List what jobs or groups of staff you supervise or guide. Give examples.* |
| [ ]  Assign and check the work of others  doing work similar to yours. |  |
| [ ]  Provide technical or functional guidance  to other staff or volunteers. |  |
| [ ]  Supervise a work group, assign work to  be done, methods to be used, and take  responsibility for all work of the group. |  |
| [ ]  Manage the work, practices and  procedures of a unit usually through one  or more subordinate supervisors. |  |
| [ ]  Responsible for appraisal, discipline,  hiring and replacement of personnel.  |  |
| [ ]  Other |  |

|  |
| --- |
| **9. PHYSICAL, MENTAL, VISUAL AND LISTENING DEMANDS** |
| Type of Demand | Intense | Moderate | Duration |
| Occasional(up to 30%) | Frequent(31-75%) | Constant(over 75%) |
| Physical Exertion |  |  |  |  |  |
| Mental Concentration |  |  |  |  |  |
| Work Interruption |  |  |  |  |  |
| Computer Dependency |  |  |  |  |  |
| Dealing with Difficult People |  |  |  |  |  |
| Sources of Stress |  |  |  |  |  |
| Visual Concentration |  |  |  |  |  |
| Listening Concentration |  |  |  |  |  |

|  |
| --- |
| **10. WORKING CONDITIONS** |
| Explain any unpleasant aspects (e.g., heat, cold, odors, noise, work interruptions, outside work, infection, danger). Indicate minor disadvantages and major unpleasant aspects.) |  |
| What is the physical situation of your worksite (e.g., office, workshop, outdoors)? |  |
| What is your scheduled work week? | \_\_ hours per week |
| Does your job involve shift work? | [ ]  Yes [ ]  No |
| Are you regularly required to work extra hours? | [ ]  Yes [ ]  No |
| Does your job involve "on call" periods?How frequently does this occur? | [ ]  Yes [ ]  No |
| Is there overnight travel required?Indicate percentage of time away. | [ ]  Yes [ ]  No\_\_% |
| Do you drive a vehicle?Indicate percentage of time driving. | [ ]  Yes [ ]  No\_\_% |

|  |
| --- |
| **11. SPECIAL FEATURES** |
| *This section is designed to allow you to report any elements of your job that you believe should be taken into account in assessing the value of your job. If there is anything about your job that has not been mentioned in answer to other questions, please describe it and explain why it is relevant.* |
|  |