

**POSITION DESCRIPTION QUESTIONNAIRE
AND CLASSIFICATION REVIEW**

The person most knowledgeable about the position requirements should complete this questionnaire. If there are any questions regarding the form or assistance is needed to guide the completion of the form, please contact human resources.

GENERAL INFORMATION:

Current Incumbent _____

Current Title _____

Length of time in current position: _____ years _____ months

Department _____ Campus Phone #: _____

Work Location (Building and Phone) _____

Division _____

Supervisor's Name _____

Supervisor's Title _____

SECTION I -- POSITION DESCRIPTION

- A. POSITION SUMMARY:** Please summarize the position and its primary function in one or two sentences. The purpose should indicate why such a position exists, not what is done.
- B. DUTIES AND RESPONSIBILITIES:** On the following page, list and describe the *essential* functions of the position, beginning with the most important. List *additional* job duties and responsibilities that are not essential to the position separately. Essential functions are defined as fundamental duties and responsibilities that must be performed by the incumbent in the position. In general, one or more of the following apply:
- The position exists to perform the function.
 - It is impossible or impractical to reassign the function.
 - It is performed daily, weekly, monthly, each semester, annually or via some other frequency.
 - It is critical; severe consequences would result if the function is not performed even though it is not required frequently.
 - It is a highly specialized function requiring special expertise or ability (e.g., requires specific degree, bilingual ability, etc.)
 - Use a succinct, direct style when describing the duties and responsibilities.
 - Start each entry with an action verb such as "develops," "analyzes," "provides," etc.
 - Avoid words such as "responsible for" and "handles."
 - Be clear and use non-technical language whenever possible.
 - Spell out or avoid acronyms.

ESSENTIAL FUNCTIONS:

ADDITIONAL JOB DUTIES AND RESPONSIBILITIES NOT ESSENTIAL TO THE POSITION:

C. KNOWLEDGE, SKILLS, AND ABILITIES:

1. List specifically the degree(s), training, or post-high school coursework, if any, required to qualify for this position.
2. What other knowledge, skills, or abilities, if any, are required for this position (e.g. word processing skills, mechanical aptitude)?
3. List computer software systems or applications that are used regularly in this position and the reason and purpose (e.g. Excel to produce spreadsheets for inventory, Banner for maintaining budget, Argos for reporting)
4. What licenses, certifications, or registrations, if any, are required for this position (e.g driver's license, notary public)?
5. How many years and type of prior work experience, if any, are required in addition to the formal education listed above (e.g. two years of office experience)?

D. FREEDOM OF ACTION: Describe the departmental policies and procedures, type of instruction, professional standards, and/or formalized regulations that guide the actions in this position.

E. MENTAL COMPLEXITY: Briefly describe two difficult and complex tasks/projects/problems handled by this position in the past twelve months. Be sure to indicate why it was difficult and complex.

F. IMPACT OF ACTIONS:

1. Describe the positive impact this job has on the operations of the work unit, the department, and College when the job is being performed well.

2. Describe the negative consequences that might result from an error made by someone in this job who did not possess adequate job knowledge or use sound judgment.

G. COMMUNICATION AND COLLABORATION: List the individuals or groups of individuals inside and outside the College with whom the incumbent communicates or collaborates with *on a regular basis*. Indicate the nature of the interaction including the type of information shared as well as the frequency of the interaction (e.g., explain registration guidelines to groups of students on a daily basis).

<u>Contact</u>	<u>Nature of Interaction</u>	<u>Frequency</u>
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H. SUPERVISION:

1. In some cases, a position may be responsible for supervising students or temporary personnel. It may occasionally assist with the onboarding of new employees, students or temporary employees. Below, please describe the role of this position as it relates to this type of supervision:

2. Indicate the number of student or temporary employees that are supervised and the duration of the supervisory relationship.

- I. **PHYSICAL EFFORT:** Use this section to describe the physical demands of the position. In the description, consider both the intensity and frequency of the physical effort.
- J. **PHYSICAL WORK ENVIRONMENT:** Describe the working conditions of the position to include potentially hazardous or uncomfortable conditions (e.g., works primarily outdoors; exposed to weather, dirt, dust, loud equipment noise).
- K. **INTERPERSONAL WORK ENVIRONMENT:** Use this section to describe immediate, simultaneous and unpredictable job demands resulting from contact with people within and outside the College. Consider not only the frequency with which this occurs, but whether priorities need to be reordered or whether other important tasks have to be put off

L. OTHER POSITION INFORMATION: Use this section to describe any other position information that was not addressed in the previous questions but is relevant to the understanding of the position.

M. POSITION CHANGES: Complete this section when describing changes in the position. Please describe all significant changes in duties and responsibilities and when the changes occurred.

SECTION II -- SUPERVISORY REVIEW

Please review the responses in Section I to ensure they comprise a reasonably complete and correct summary of the position. Please ensure that all the essential functions and qualifications have been identified. It is important that you identify any discrepancies between the incumbent's responses and your own knowledge of the job. Use the space below or another sheet of paper to identify any corrections, omissions, or additions.

The above information, regarding the position to be reviewed, is current and accurate.

Signed:

Employee _____

Date _____

Supervisor _____

Date _____

Dept or Division Head _____

Date _____

Note: A copy of the current position description and must be attached to this request for review of your classification. In addition, an organizational chart should also be attached to include the name/title of your supervisor and names/titles for all other positions working in the same unit.