



JOB DESCRIPTION FORM

Submit to Human Resources for review.

Please complete all fields. Extra sheets may be added.

PART 1 – CURRENT POSITION INFORMATION

Requested Position Action

Establishment

Job Posting

Reclassification

Update

Position Title

Department/Faculty

**Employee's Name or
Name of Previous Incumbent**

Date

PART 2 - JOB FUNCTION



PART 3 - LIST OF MAJOR DUTIES

A large, empty rectangular box intended for listing major duties.



PART 4 - JOB-RELATED QUALIFICATIONS

List the Education, Experience, Licenses/Certifications/Registrations, and the Knowledge, Skills, and Abilities (KSA) that are needed to perform the job duties listed on this form. (These are NOT the KSAs the individual possesses, but rather the KSAs required for the position).

Knowledge Refers to information, facts, and procedures.

Skills Often involve manual operations or tasks that require repeated practice, precision, or speed (i.e. typing, machine operation, and public speaking).

Abilities Capacity to perform an action or task (i.e. interpretation, analysis, and communication).

A. Education

B. Experience



C. KSAs

D. Licenses
Certifications
Registrations

PART 5 - SUPERVISORY DUTIES

	YES (or does the position)
	NO - SKIP to Part 6

Indicate the number of employees supervised in each group below. You must enter a number for at least category of employees if you claim to be a supervisor.

	Full-Time		Seasonal/Temporary
	Part-Time		Volunteers

Mark each dollar amount below with the letter of the corresponding responsibility indicated about (A, B, C, etc.). You MUST mark a dollar amount for any financial responsibility indicated above (other than “Not Applicable”).

For example, if you are responsible for staying within an assigned budget of \$600,000 annually, you would place a “D” in the blank next to “\$500,000 to \$1,000,000 annually”. You may place more than one letter in each blank if needed to accurately reflect your financial responsibilities.

	Up to \$1,000 annually		\$500,001 to \$1,000,000 annually
	\$1,001 to \$5,000 annually		\$1,000,001 to \$5,000,000 annually
	\$5,001 to \$25,000 annually		\$5,000,001 to \$10,000,000 annually
	\$25,001 to \$100,000 annually		\$10,000,001 to \$50,000,000 annually
	\$100,001 to \$500,000 annually		\$50,000,001 to \$100,000,000 annually
			Over \$100,000,001 annually

PART 7 – PHYSICAL DEMANDS

This section measures the physical demands of the job as measured by the exertion placed on the skeletal, muscular and cardiovascular systems of the incumbent.

Key	Standing		
N = Not required	Walking		
R - Rarely (<2%)	Sitting		
O = Occasional (3-33%)	Squatting		
F = Frequent (34-66%)	Bending		
C = Constant (67-100%)	Pulling		lbs.
	Pushing		lbs.
	Lift/Carry		lbs.

PART 8 – WORKING CONDITIONS

This section considers the quality of working conditions as measured by lighting adequacy, temperature extremes and variations, noise pollution, exposure to fumes, chemicals, radiation, contagious diseases, heights and/or other related hazardous conditions.

Check all items that describe the conditions or environment in which the person works and provide an example:

- Frequency (FQ):**
- A** = All of the time (90% or more per year)
 - M** = Most of the time (50% or more per year)
 - S** = Some of the time (less than 50% per year)
 - R** = Rarely (less than 10% per year)
 - N** = Never



<u>Activity</u>	<u>Frequency</u>	<u>Example</u>
Normal Office		
Use of Computer		
Inadequate Ventilation		
Extremes in Temperature		
Outside Weather Conditions		
Wetness/Humidity		
Dust/Fumes/Odor (from normal daily conditions)		
Heights (over 10 feet)		
Moving Parts		
Vibrations		
Electrical Current		
Excessive Noise		
Respirable (i.e. asbestos, silica, coal, etc.)		
Animals		
Radiation		
Chemicals		
Toxic Conditions/Fumes		
Contagious Diseases		
Body Fluids		
Other		

PART 9 - ORGANIZATION CHART

Please attach a current organizational chart from your Department/Faculty. Include position titles and incumbents.



PART 10 – EMPLOYEE APPROVAL

Employee Additional Comments

SIGNATURE OF EMPLOYEE OR INDIVIDUAL COMPLETING THE FORM

By signing this document, I certify that the above answers are accurate and complete. I further certify that I am the individual who personally answered the employee portion of this Job Description Form. I understand that falsification of information on the Job Description Form may be grounds for disciplinary actions.

Employee Signature

Date

Employee Name (Please Print)

Date

When you are finished, make a copy of this Job Description Form for your records and then forward the original Job Description Form to your immediate supervisor.



PART 11 – SUPERVISOR APPROVAL

Direct Supervisor Instructions

- After receiving the employee's completed Job Description Form, carefully review the document for accuracy and completeness.
- DO NOT change any information the employee has provided.
- Provide any addition information or clarification in the Additional Comments section below.
- Sign and date the Job Description Form upon completion, and make a copy for your records.
- Please forward the original Job Description Form to the next level of reviewer.

Supervisor Additional Comments

SUPERVISOR'S SIGNATURE

By signing this document, I certify that the above answers are accurate and complete. I further certify that I am the individual who personally reviewed the employee section of this Job Description Form. I understand that falsification of information on the Job Description Form may be grounds for disciplinary actions.

Supervisor Signature

Date

Supervisor Name (Please Print)

Date

PART 12 – VICE PRESIDENT/ATHLETIC DIRECTOR’S APPROVAL

Vice President/Athletic Director’s Instructions

- After receiving a completed Job Description Form, carefully review the document for accuracy and completeness.
- DO NOT change any information the employee has provided.
- Provide any addition information or clarification in the Additional Comments section below.
- Sign and date the Job Description Form upon completion, and make a copy for your records.
- Please forward the original Job Description Form to the next level of reviewer.

Vice President/Athletic Director Additional Comments

VICE PRESIDENT/ATHLETIC DIRECTOR’S SIGNATURE

By signing this document, I certify that the above answers are accurate and complete. I further certify that I am the individual who personally reviewed the employee section of this Job Description Form. I understand that falsification of information on the Job Description Form may be grounds for disciplinary actions.

Vice President/Athletic Director Signature

Date

Vice President/Athletic Director (Please Print)

Date

