POSITION DESCRIPTION QUESTIONNAIRE

DATE_______  POSITION _____________________________________________

TITLE___________________________________________________________

NAME OF PERSON CURRENTLY IN POSITION ___________________________

DEPARTMENT _______________________________________________________

REPORTS TO (TITLE) _______________________________________________

DEPARTMENT HEAD’S TITLE ___________________________________________

REGULAR WORK SCHEDULE

# Months Per Year _______________  # Hours Per Week _______________

DAILY SCHEDULE From___________ To___________

POSITION RESPONSIBILITIES

1.  POSITION SUMMARY STATEMENT - What is the basic function and purpose of this position within the University?

2.  DETAILED DESCRIPTION OF ON-GOING RESPONSIBILITIES - What are the main duties of the position?
    (Describe in concise and clear statements. List in order of importance and note the appropriate percent of time required for each task on an annual basis.)
A. Essential Duties and Responsibilities:

B. Other Duties and Responsibilities:

C. Special Licenses, Tools and Equipment Needed:

3. QUALIFICATIONS

A. What level of formal education is required to do this job and why?

B. How many years of previous experience in similar or related work is required for a person new to this job?

C. What required knowledge, skills or abilities are needed to accomplish this job?
4. **DIRECT SUPERVISORY RESPONSIBILITIES** - (List job title and the number of employees in each title.)

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<tr>
<th>Title</th>
<th>Number</th>
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5. **OTHER MEASURES OF SCOPE OF RESPONSIBILITIES**

   (I) **Quantitative**
   
   Identify significant numerical measures other than supervision which apply to the position (e.g., size of budget, number of applicants, average volume of correspondence, number of work orders completed).

   (II) **Qualitative**
   
   If quantitative or numerical measures are not applicable, identify factors which have an impact on the university's objectives (e.g., quality of student life, projecting a positive public relations image).

6A. **WHAT TYPE OF DECISIONS IS THE PERSON IN THIS JOB RESPONSIBLE FOR?**
    
    Please give examples regarding policy, priorities, financial, etc.
6B. **WHAT IS THE TITLE OF THE PERSON WHO REVIEWS THESE DECISIONS?**

7A. **WHAT KINDS OF ERRORS CAN OCCUR IN THE PERFORMANCE OF THIS JOB?**

Please give examples.

7B. **WHAT WOULD BE THE IMPACT OF THESE ERRORS?**

Please give examples within your own department, among other departments, etc.

8. **INTERACTION WITH OTHERS**

With whom and for what reasons does the employee have contact with the following categories of individuals? Please check appropriate contacts.

<table>
<thead>
<tr>
<th>Primary Reason for Contact</th>
<th>Faculty</th>
<th>Major Administrators and Department Heads</th>
<th>Other Staff Members</th>
<th>Students</th>
<th>Alumni</th>
<th>Outside Groups &amp; Organizations</th>
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<tbody>
<tr>
<td>Obtain/provide information</td>
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<td>Give or receive advise/opinions</td>
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<td>Discuss confidential policy/plans, actions</td>
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<td>Persuade/negotiate policy/plans, actions</td>
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9. **UNUSUAL ENVIRONMENTAL WORKING CONDITIONS - LIST OTHER THAN NORMAL JOB CONDITIONS TO WHICH PERSON IS REGULARLY EXPOSED.**
(Excessive noise, extreme outside weather conditions, etc.)
Examples: 
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
All requirements are subject to possible modification to reasonably accommodate individuals with disabilities.

Some requirements may exclude individuals who pose a direct threat or significant risk to the health and safety of themselves or other employees.

This job description in no way states or implies that these are the only duties to be performed by the employee occupying the position. Employees will be required to perform other job-related duties requested by their supervisor.

Please review this position questionnaire to ensure you have not overlooked any important item. Sign the questionnaire and return it to your Department Head.

______________________________________________________________  _________________
Employee's Signature  Date

Please review this position questionnaire to ensure you have not overlooked any important item. Sign the questionnaire and return it to your Division Head.

Approved Grade  __________________________

______________________________________________________________  _________________
Department Head's Signature  Date

______________________________________________________________  _________________
Division Head's Signature  Date