**FOR HUMAN RESOURCES USE:**

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| **MANAGEMENT**  **POSITION** | **APPROVED POSITION CLASSIFICATION** | **POSITION NUMBER** |
| **QUESTIONNAIRE** | **FINAL APPROVAL** | **DATE** |

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| *To be completed by incumbent or appropriate manager or supervisor( for proposed or vacated positions).* | |
| **1. EMPLOYEE NAME** | **OFFICIAL CLASS TITLE** |
| **OFFICE PHONE NUMBER** | **WORKING CLASS TITLE (If Different)** |
| **DEPARTMENT** | **NAME & TITLE OF IMMEDIATE SUPERVISOR** |

**2. GENERAL RESPONSIBILITIES: *Summarize the general responsibility and the nature of the work performed by this position and incumbents supervised by this position. (Please note that detailed duties will be requested under Section 3.)***

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**3. DESCRIPTION OF DUTIES: *Describe briefly each major duty performed, including facts as to what the duty is, why and how it is performed, and the extent of responsibility. List the duties in order of their importance and indicate the average percent of time applied to each duty over the course of a year; percentages should total 100%.***

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***4. What is the most complicated and difficult part of the work? Please explain.***

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**5. IMPACT: *A. Describe how the work helps the University or the organizational unit. In what ways can the work performance improve operations (e.g. increase effectiveness of University services, reduce or control costs, or prevent losses)?***

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**B. *What kind of errors or mistakes can occur in this position?***

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**C. *What are the probable results of such errors or mistakes?***

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**D. *How are such errors or mistakes prevented or corrected (e.g. review by supervisor)? Are there written guidelines or rules that are required to be followed in these areas?***

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| **6. RELATIONSHIPS:** *the working tiles of people or* | **Regular Dealings With:** | **Purpose:** | **Frequency:** |
| *groups (e.g. boards, commi-*  *sions, committees) inside or* |  |  |  |
| *outside of the University con-*  *tacted regularly as part of* |  |  |  |
| *this job.*  *(Do not include the supervis-* |  |  |  |
| *or and employees reporting*  *to this position.)* |  |  |  |

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| **7. SUPERVISORY RESPONSIBILITY: *(If applicable) List class titles of employees this position directly supervises.***  ***Distinguish between FT (full-time) and PT (part-time), including trainees, temporary and seasonal employees and volunteers.***  ***(Do not include work students/graduate assistants.)*** | | | | |
| **Official Class Title:** | **Number:** | **Official Class Title:** | **Number:** |
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**8. ORGANIZATIONAL STRUCTURE:** *Please insert a current copy of an organizational staffing chart for your department.*

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| **9. COMMENTS:** *List any additional information that would be helpful in understanding and evaluating this position.*  Do not complete PART II. Please sign this form and forward it to your supervisor for completion.  Incumbent’s Signature:       Date: |

**PART II: To be completed by Supervisor**.

**QUALIFICATIONS REQUIRED:** Comments should be based on the assumption that the positions is vacant and it is

necessary to select and individual to fill it.

**A. MINIMUM GENERAL EDUCATION:** *Indicate the level of education that a person would be expected to have in order to qualify for the position. (While this education can be acquired through home study, special courses, or in ways other than the usual academic processes, the level required should be expressed in terms of years of academic study and degree in order to provide a uniform basis for analysis.) If education beyond the minimum required is considered desirable but not essential, enter the additional amount, but indicate that it is not part of the basic requirement.*The candidate must hold a bachelor’s degree and an advanced degree in an appropriate field (e.g., MA, MS, MD, PhD in environmental science or policy, sustainability education, planning, or related fields).

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**B. SPECIALIZED TRAINING, LICENSES, OR CERTIFICATES:** *Identify required special courses during form education as well as through additional specialized training and special licenses or certificates that are considered essential to qualify for the position.*

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| **C. MINIMUM PREVIOUS WORK EXPERIENCE:** *Identify the occupations or fields of specialization in which experience, if any, is needed in order to qualify an individual for the position along with the minimum desirable amount of such experience expressed in years.*  **Kind of Experience** | **Number of Years** |
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| **D. TYPICAL LINE OF PROGRESSION:** *Positions to be held prior to this position.*  **Prior Positions** | **Number of Years** |
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| **E. SUPERVISOR'S COMMENTS:** *Add any additional information considered pertinent (and any exceptions to statements made by the employee with statements by the employee not being altered.)*  Immediate Supervisor's Signature: Date:  Immediate Supervisor's Title:  Second Level Supervisor's Signature: Date:  Second Level Supervisor's Title: |