



# 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

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D. Licenses  
Certifications  
Registrations

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**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

List the name and job classification title of each employee that you supervise (as indicated above).

Name	Job Classification Title

**PART 6 - FINANCIAL RESPONSIBILITIES**

Mark the box for each function that applies to the position. Mark ALL that apply to this position.

	A	Not applicable - no financial responsibilities. SKIP to Part 7.
	B	Budgets - responsible for setting and controlling a budget
	C	Budgets - has input into setting a budget
	D	Budgets - responsible for staying within an assigned budget
	E	Grants - research/application
	F	Grants - management
	G	Purchase Order Authorization
	H	P-Card Coordinator
	I	P-Card User
	J	Other (Describe) <div style="border: 1px solid black; height: 80px; width: 100%;"></div>

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.

<b>Key</b>	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

