**ADMINISTRATIVE AND PROFESSIONAL FACULTY**

**POSITION DESCRIPTION**

|  |  |
| --- | --- |
| **Position Title** | *The formal title of the position* |
| **Position Number** | *The position number provided by Human Resources* |
| **Supervisor Position Title** | *The formal title of the position* |
| **Statement of Economic Interest** | *Y/N* |
| **Effective Date** |  |

**Job purpose**

State the Chief objective of your position in a brief statement

**Duties and responsibilities**

List the primary job duties and responsibilities.

* Identify between three and eight primary duties and responsibilities for the position
* List the primary duties and responsibilities in order of importance
* Include the statement “performs other duties as assigned”

**Qualifications** *(A Physical Demands worksheet must also be attached)*

State the minimum qualifications required to successfully perform the job. These are the qualifications that are necessary for someone to be considered for the position.

Required Qualifications *(examples may include education, specialized knowledge, skills, abilities, professional certification, unique experience, other):*

Preferred Qualifications *(examples may include education, specialized knowledge, skills, abilities, professional certification, unique experience, other):*

**Direct reports**

List by job title any positions to be supervised by the incumbent.

|  |  |
| --- | --- |
| **Supervisor Signature:** |  |
| **Date:** |  |
| **Reviewer Signature:** |  |
| **Date:** |  |

*The position description should be reviewed annually and updated as often as necessary.*

**Physical Demands Worksheet**

This form is designed to be filled out by the employee’s direct supervisor to assist in evaluating the demands of positions. The final copy is designed to be included with the Employee Work Profile in the employees personnel file.

**Job Role Title:** **Employee Name:**

**Date of final review by supervisor and employee:**

**Physical Demands**

**(Without Accommodations) Never Occasionally Frequently Continuously**

 **(Up to 33%) (34% - 66%) (67% - 100%)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| sitting |       |       |       |       |
| walking |       |       |       |       |
| standing |       |       |       |       |
| bending neck |       |       |       |       |
| twisting neck |       |       |       |       |
| bending waist (forward or sideways) |       |       |       |       |
| twisting waist |       |       |       |       |
| squatting (crouch or sit on one’s heels) |       |       |       |       |
| climbing |       |       |       |       |
| kneeling |       |       |       |       |
| crawling |       |       |       |       |
| repetitive\* movement: hand  |       |       |       |       |
|  ⦸ simple grasping  | 1 hand [ ]  | Both [ ]  |       |       |       |       |
|  ⦸ power grasping  | 1 hand [ ]  | Both [ ]  |       |       |       |       |
|  ⦸ fine manipulation  | 1 hand [ ]  | Both [ ]   |       |       |       |       |
|  ⦸ pushing/pulling  | 1 hand [ ]   | Both [ ]  |       |       |       |       |
| reach above shoulder height |       |       |       |       |
| reach below shoulder height |       |       |       |       |
| move items weighing up to 10 lbs. |       |       |       |       |
| move items weighing 11-25 lbs. |       |       |       |       |
| move items weighing 26-50 lbs. |       |       |       |       |
| move items weighing 51-75 lbs. |       |       |       |       |
| move items weighing 76-100 lbs. |       |       |       |       |
| move items weighing over 100 lbs. |       |       |       |       |
| driving |       |       |       |       |
| Repetitive (constant for at least 15 minutes) movement: foot |       |       |       |       |
| Other       |       |       |       |       |

**Environmental Demands (Check all that apply and provide source for items A–E if checked)**

|  |  |
| --- | --- |
| **[ ]  A. Extreme cold (below 32°)** | **source:**  |
| **[ ]  B. Extreme heat (above 100°)** | **source:**  |
| **[ ]  C. Noise (need to shout in order to be heard)** | **source:**  |
| **[ ]  D. Vibration (exposure to oscillating movements of the extremities or whole body)** | **source:**  |
| **[ ]  E. Exposure to dust/gas/fumes/steam/chemicals** | **source:**  |
| **[ ]  F. Work outdoors (no effective protection from weather)** |
| **[ ]  G. Walking on uneven ground (gravel, rocks, mounds)** |
| **[ ]  H. Work at heights (such as on scaffolding or ladders)** |
| **[ ]  I. Working around moving machinery (fork-lifts, tractors, mowers)** |
| **[ ]  J. Protective equipment required (respirator, mask, earplugs, gloves, eyewear, etc.)**  |
| **[ ]  K. Potential exposure to infectious diseases** |
| **[ ]  L. Other**  |
| **[ ]  M. NONE (not substantially exposed to adverse environmental conditions)** |

|  |
| --- |
| **Annual Requirements:**  |
|  | **Activity** | **Current? If so, date completed?** |
|  | Required In-Service or other training | [ ] Yes \_\_\_\_\_\_\_\_\_\_\_\_\_Date [ ] No [ ] N/A |
|  | Valid Licensure/Certification/Registration | [ ] Yes \_\_\_\_\_\_\_\_\_\_\_\_\_Date [ ] No [ ] N/A |
|  | Employee Health Update | [ ] Yes \_\_\_\_\_\_\_\_\_\_\_\_\_Date [ ] No [ ] N/A |

|  |
| --- |
|  **Essential Job Requirements (Indicate by each N = Never, O= Occasionally, F= Frequently, or C = Continuously)** |
| Emotional Demands: |  | Mental/Sensory Demands: |
|  | Fast pace |  | Avg. pace |  | Memory |  |  | Reasoning |  |  | Hearing |  |
|  | Multiple priorities |  | Reading |  |  | Analyzing |  |  | Logic |  |
|  | Intense customer interaction |  |  |  |  | Verbal communication |  |
|  | Multiple stimuli |  |  |  |  | Written communication |  |
|  | Frequent change |  | Other |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

**Reviewed by:** **(Name of Human Resources)**

**Date:**