



POSITION ANALYSIS QUESTIONNAIRE

Instructions: Prior to completing the questionnaire, save this document to your computer. After the file is saved, close the opened screen and open the file you saved to your computer with Adobe Acrobat Reader 9. Complete each question and submit the questionnaire upon completion..

INFORMATION ABOUT YOU AND YOUR JOB

1. YOUR NAME: _____

2. YOUR JOB TITLE: _____

3. DEPARTMENT: _____

4. DIVISION
(CAMPUS): _____

5. YOUR SUPERVISOR'S NAME: _____

6. YOUR SUPERVISOR'S TITLE: _____

7. DO YOU SUPERVISE OTHERS? YES _____ NO _____ [If you answered "YES,"
please complete the "Management Supplement" and this form. Include supervision of all staff-This is
does not include student workers/work study).

8. YOUR JOB'S PRIMARY FUNCTION. Consider the purpose of your position, and how it contributes to the College overall. Although you have a number of specific job duties that you'll describe in #9, try to briefly summarize your job.

9. JOB DUTIES: Describe your job duties and responsibilities. Include all important duties of your position, whether performed daily, weekly, monthly or annually. Describe not only what you do, but also why you perform the duty if would not be obvious. Describe job duties, and avoid listing out the detailed procedures. Start each statement with an action verb (e.g., "Types forms..." rather than "I have to type forms..."). After job duties are listed, number them in their order of importance in your judgment, starting with 1 being most important. In the column titled "Percent", estimate the approximate percentage of time devoted to the job duty, recognizing that the percentages are an estimate.

<u>Importance</u>	<u>Percent</u>	<u>Job Duty & Responsibility</u>

<u>Importance</u>	<u>Percent</u>	<u>Job Duty & Responsibility</u>

Importance	Percent	Job Duty & Responsibility

10. OF THE TASKS LISTED ABOVE, WHICH, IN YOUR OPINION, IS THE MOST COMPLEX AND REQUIRES THE MOST SKILL? WHY?

11. LIST AND DESCRIBE THE TYPES OF CONTACTS WITH OTHERS YOU HAVE IN PERFORMING YOUR JOB. LIST THEIR TITLE OR FUNCTION, NOT THEIR NAME [E.G, LEGAL REPRESENTATIVES, GENERAL PUBLIC, ETC.] DESCRIBE YOUR RESPONSIBILITY AS IT PERTAINS TO INTERACTING WITH THE LISTED CONTACTS.

12. LIST ANY MACHINES, TOOLS, OR EQUIPMENT USED IN YOUR WORK. INDICATE AN ESTIMATE ABOUT THE TIME SPENT ON EACH. EXAMPLES INCLUDE VEHICLES, HAND OR POWER TOOLS, OFFICE EQUIPMENT, COMPUTER TERMINAL, LABORATORY, OR MEDICAL INSTRUMENTS ETC. TOTAL OF PERCENTAGES WILL USUALLY EQUAL LESS THAN 100%, UNLESS ALL TIME IS SPENT USING EQUIPMENT.

% OF TIME	MACHINE, TOOL OR EQUIPMENT	% OF TIME	MACHINE, TOOL OR EQUIPMENT

13. WHAT KIND OF WORKING CONDITIONS DO YOU WORK IN AS PART OF THE JOB?

WORKING CONDITIONS	APPROXIMATE AMOUNT OF TIME			
	NONE	UNDER 1/3	1/3 - 2/3	OVER 2/3
OFFICE WORKING CONDITIONS				
DIRT, DUST, DEBRIS, SMELLS				
WET OR HUMID CONDITIONS				
OUTDOOR WEATHER CONDITIONS				
EXTREME COLD [NON-WEATHER]				
EXTREME HEAT [NON-WEATHER]				
OTHER:				

COMMENTS

14. WHAT KIND OF JOB HAZARDS DO YOU TYPICALLY WORK UNDER, EVEN THOUGH ALL POSSIBLE SAFEGUARDS ARE OBSERVED? LIST OTHER HAZARDS, AND DESCRIBE IN THE COMMENTS SECTION THE SPECIFIC DUTIES THAT EXPOSE YOU TO THE INDICATED JOB HAZARDS.

JOB HAZARDS	APPROXIMATE AMOUNT OF TIME			
	NONE	UNDER 1/3	1/3 - 2/3	OVER 2/3
EXPOSURE TO MINOR CUTS, BURNS OR OTHER INCAPACITATING INJURY				
WORK NEAR MOVING PARTS				
WORK IN HIGH, PRECARIOUS PLACES				
FUMES OR AIRBORNE PARTICLES				
TOXIC OR CAUSTIC MATERIALS				
BLOODBORNE PATHOGENS				
OTHER:				

COMMENTS

15. HOW MUCH NOISE IS TYPICAL FOR YOUR WORK ENVIRONMENT? DESCRIBE IN THE COMMENTS SECTION THE SPECIFIC DUTIES THAT EXPOSE YOU TO THE INDICATED NOISE LEVELS.

NOISE LEVEL	APPROXIMATE AMOUNT OF TIME			
	NONE	UNDER 1/3	1/3 - 2/3	OVER 2/3
QUIET [e.g., private office, library]				
MODERATE NOISE [e.g., business office with computers, printers, general activity]				
LOUD [e.g., warehouse, large moving equipment]				
VERY LOUD [e.g., jack hammer]				

COMMENTS

16. INDICATE THE AMOUNT OF TIME SPENT ON THE FOLLOWING PHYSICAL ACTIVITIES. DESCRIBE IN THE COMMENTS SECTION THE SPECIFIC DUTIES THAT REQUIRE THE INDICATED PHYSICAL ACTIVITY.

PHYSICAL ACTIVITY	APPROXIMATE AMOUNT OF TIME			
	NONE	UNDER 1/3	1/3 - 2/3	OVER 2/3
STANDING				
WALKING				
SITTING				
USING HANDS TO HANDLE & FEEL				
REACHING WITH HANDS OR ARMS				
CLIMBING OR BALANCING				
STOOPING, KNEELING, CROUCHING, OR CRAWLING				
TASTING OR SMELLING				
TALKING OR HEARING				

COMMENTS

17. DOES YOUR JOB REQUIRE YOU TO LIFT WEIGHT OR EXERT PHYSICAL FORCE? IF SO, HOW MUCH AND HOW OFTEN? DESCRIBE IN THE COMMENTS SECTION THE SPECIFIC DUTIES THAT REQUIRE YOU TO LIFT OR EXERT FORCE.

WEIGHT OR FORCE	APPROXIMATE AMOUNT OF TIME			
	NONE	UNDER 1/3	1/3 - 2/3	OVER 2/3
UP TO 10 POUNDS				
UP TO 25 POUNDS				
UP TO 50 POUNDS				
UP TO 100 POUNDS				
MORE THAN 100 POUNDS				

COMMENTS

18. DOES YOUR JOB HAVE ANY SPECIAL VISION REQUIREMENTS, OVER AND ABOVE NORMAL SIGHT? CHECK ALL THAT APPLY. DESCRIBE IN THE COMMENTS SECTION THE SPECIFIC DUTIES THAT REQUIRE THE SPECIAL VISION REQUIREMENTS.

SPECIAL VISION REQUIREMENT	APPROXIMATE AMOUNT OF TIME		
	UNDER 1/3	1/3 - 2/3	OVER 2/3
CLOSE VISION [CLEAR VISION AT 20 INCHES OR LESS]			
DISTANCE VISION [CLEAR VISION AT 20 FEET OR MORE]			
COLOR VISION [ABILITY TO IDENTIFY AND DISTINGUISH COLORS]			
PERIPHERAL VISION [3 DIMENSIONAL VISION, ABILITY TO JUDGE DISTANCES AND SPATIAL RELATIONSHIPS]			
NO SPECIAL VISION REQUIREMENTS			

COMMENTS

19. LIST THE CONFIDENTIAL INFORMATION AND RECORDS THAT YOU HAVE ACCESS TO.

20. LIST THE REPORTS AND RECORDS YOU COMPLETE AND TO WHOM THEY ARE DISTRIBUTED.

21. LIST SOFTWARE USED ON THE JOB

22. DESCRIBE THE *KNOWLEDGE, SKILLS AND ABILITIES* NECESSARY TO EFFECTIVELY PERFORM YOUR JOB. List entry-level requirements, even though your own is probably more. Think of your own background, training and experience that proved helpful when you were first hired or entered into the field.

23. CHECK THE EDUCATION OR CERTIFICATIONS THAT A PERSON SHOULD [OR IS REQUIRED TO] HAVE TO ENTER INTO YOUR JOB. These are minimum entry-level qualifications and certifications. Your actual background, experience, training, certifications or schooling may be more than what you indicate.

EDUCATIONAL LEVEL [OR EQUIVALENT]	DEGREE MAJOR, OR TYPE OF VOCATIONAL/TECHNICAL TRAINING	PREFERRED	REQUIRED
LESS THAN HIGH SCHOOL DEGREE			
HIGH SCHOOL DEGREE OR GED			
HIGH SCHOOL, PLUS TECHNICAL OR VOCATIONAL TRAINING			
ASSOCIATE DEGREE			
BACHELOR'S DEGREE			
MASTER' DEGREE			
DOCTORAL DEGREE			

INDICATE THE TYPE OF DEGREE OR CERTIFICATION THAT IS REQUIRED THAT IS REQUIRED.

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24. DOES THE POSITION REQUIRE ONE OF THE FOLLOWING OPERATOR'S LICENSES TO COMPLETE A JOB DUTY? OPERATING A MOTOR VEHICLE SIMPLY TO TRAVEL FROM POINT A TO POINT B IS TO BE EXCLUDED.

DRIVER'S LICENSE	
COMMERCIAL DRIVER'S LICENSE	

25. DOES THE POSITION REQUIRE ONE OF THE FOLLOWING?

CHECK WHICHEVER IS APPROPRIATE	YES/NO	SPECIFY THE NAME OF THE CERTIFICATION, LICENSURE OR REGISTRATION
CERTIFICATION		
LICENSURE		
REGISTRATION		

26. SELECT THE MINIMUM LEVEL OF TOTAL WORK EXPERIENCE IN YOUR FIELD, OR RELATED FIELD THAT IS REQUIRED TO ENTER INTO YOUR JOB. CHECK ONLY ONE LEVEL. IF YOU BELIEVE THAT MORE THAN 7 YEARS EXPERIENCE IS REQUIRED TO ENTER INTO YOUR POSITION, EXPLAIN HOW MANY YEARS ARE REQUIRED AND WHY.

CHECK ONE	REQUIRED ENTRY LEVEL EXPERIENCE
	NO PREVIOUS EXPERIENCE
	UP TO 3 MONTHS
	3 MONTHS TO 6 MONTHS
	6 MONTHS & UP TO 1 YEAR
	1 YEAR & UP TO 3 YEARS
	3 YEARS & UP TO 5 YEARS
	5 YEARS & UP TO 7 YEARS
	MORE THAN 7 YEARS [EXPLAIN BELOW]

DESCRIBE THE TYPE OF EXPERIENCE THAT THE POSITION REQUIRES

EMPLOYEE'S ACKNOWLEDGMENT

The information that I have provided describes my current job duties and requirements, and is accurate and complete to the best of my knowledge.

EMPLOYEE'S SIGNATURE

DATE

SUPERVISOR'S REVIEW

Instructions: The employee's supervisor shall review the questionnaire and then sign below. The supervisor may enter comments, in the space provided, to supplement the employee's information. Other management staff that are in the organizational line-of-authority may also wish to review the employee's questionnaire and may comment on additional paper. These comments shall then be attached to this form.

I have reviewed this completed questionnaire and understand that I may enter any comments to supplement this information below.

SUPERVISOR'S SIGNATURE

DATE

SUPERVISOR'S COMMENTS

Instructions: Enter the question number to which you are referring, then describe the additional information that you wish to provide. Do not scratch out or change any information on the employee's section of this form.