**POSITION PROFILE**

Please type, print or write legibly.

I. IDENTIFICATION INFORMATION

Position Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours/Week

Department \_

Prepared by \_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of time in this position (if completed by the employee)

Employee’s Supervisor

II. GENERAL JOB SUMMARY

Directions: Briefly, please explain the major purpose of your job. Give a very general explanation of your job. You will be asked to be more specific in the next question. This general job summary should be only one to three sentences in length.

III. MAJOR JOB FUNCTIONS

Directions: On the reverse side of this page list the various duties (tasks) for your job. Be as specific as possible and avoid the use of technical abbreviations or vague terminology. List the duties in order of importance with number 1 being most important. Number each task (1-20) and list the frequency (daily, weekly, monthly, etc.) that you do the activity. Also, estimate the percent of your time that is spent on the task. Try to limit the number of tasks to 20 items or less.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Order of  Importance | Task | Frequency (daily, weekly, etc.) | Percent of job | Essential function\* (yes/no) |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| 11 |  |  |  |  |
| 12 |  |  |  |  |
| 13 |  |  |  |  |
| 14 |  |  |  |  |
| 15 |  |  |  |  |
| 16 |  |  |  |  |
| 17 |  |  |  |  |
| 18 |  |  |  |  |
| 19 |  |  |  |  |
| 20 |  |  |  |  |
| TOTAL |  |  | 100% |  |

\* Essential functions are the basic job duties that an employee must be able to perform, with or without reasonable accommodation. Factors to consider in determining if a function is essential include: whether the reason the position exists is to perform that function, the number of other employees available to perform the function or among whom the performance of the function can be distributed, the degree of expertise or skill required to perform the function, and the time spent performing the function. For assistance in determining essential functions, please contact Human Resources.IV. INTERACTIONS: Describe the internal/external interactions required as a normal part of this position. Please indicate the purpose and frequency of such interactions.

|  |  |  |
| --- | --- | --- |
| **Interaction With** | **Purpose** | **Frequency** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

V. TOOLS/EQUIPMENT/MACHINES USED IN JOB:

Identify the type of tool/equipment/machine. Show the amount of time by checking (with an X) in the appropriate boxes.

|  |  |  |  |
| --- | --- | --- | --- |
| **Identify Type** | **Up to 1/3** | **1/3 to 2/3** | **2/3 or more** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

VI. KNOWLEDGE, SKILLS AND ABILITIES

1. List any special skill requirements for this position; i.e., speed, accuracy, precision in working with described tools, equipment, systems, etc.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Describe acquired skills and learning experiences that are required for employment in this position. Also list any degree requirements (Associate, Bachelor, Master, Doctorate) and the field the degree is required in.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Is a professional license and/or certification required for this position?

Yes No If yes, please specify:

1. Is a driver’s license required for this position?

Yes No

If yes, please specify, including frequency:

VII. WORKING CONDITIONS:

List any significant physical demands for this position; i.e., heavy lifting, unusual working conditions, etc.:

VIII. PHYSICAL DEMANDS

How much on-the-job time is spent in the following physical activities? Show the amount of time by marking (with an X) the appropriate boxes.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Amount of Time:** | | | |
| **Physical Demand** | **None** | **Up to 1/3** | **1/3 – 2/3** | **2/3 or more** |
| Standing |  |  |  |  |
| Walking |  |  |  |  |
| Sitting |  |  |  |  |
| Talking |  |  |  |  |
| Hearing |  |  |  |  |
| Using hands |  |  |  |  |
| Using feet |  |  |  |  |
| Climbing/balancing |  |  |  |  |
| Stooping/kneeling/crouching/crawling |  |  |  |  |
| Reaching above shoulders |  |  |  |  |
| Tasting/smelling |  |  |  |  |

Does this job require that weight be lifted or force be exerted? (Answer with Yes or No)

If yes, how much and how often? Mark the appropriate boxes below (with an X).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Amount of Time:** | | | |
| **Weight** | **None** | **Up to 1/3** | **1/3 – 2/3** | **2/3 or more** |
| Up to 10 lbs. |  |  |  |  |
| Up to 25 lbs. |  |  |  |  |
| Up to 50 lbs. |  |  |  |  |
| Up to 100 lbs. |  |  |  |  |
| More than 100 lbs. |  |  |  |  |

Describe the specific job duties that require the physical demands selected above.

Does this job have any special vision requirements other than close and distant vision, and the ability to adjust focus? (Answer with Yes or No):

If yes, list:

IX. WORK ENVIRONMENT:

Does this job require exposure to special environmental conditions (e.g., outdoor weather conditions, risk of electrical shock, exposure to toxic chemicals, etc.)? Yes or no:

If yes, indicate type(s) and percentage of time spent in exposure:

If the amount of noise typical for the work environment of this job is other than moderate (typical business office with typewriter, computer equipment, etc.), describe:

X. SUPERVISOR’S REVIEW:

In your opinion, is any independent discretion or judgment needed to perform this job in a satisfactory manner? (Answer Yes or No):

If yes, explain to what degree and site-specific examples:

This completed job description form was reviewed for accuracy by the position’s supervisor or department head identified below. Adjustments and/or corrections have been made as needed by the supervisor on this form and all changes have been reviewed with the employee.

Supervisor’s position title:

Supervisor’s name (please print):

Supervisor’s signature signifying approval: \_\_\_\_\_\_\_\_\_\_\_

Date: