**The University of Akron-Position Description/Audit Questionnaire**

**Staff Bargaining Unit (SBU) Employees**

**Please refer to the Article 30, Position Audits for information pertaining to your rights as an SBU member.**

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| --- | --- |
| For HR Use Only | |
| Job Func: CP STA  Job Fam: IPS APS Unc Cla Brg  FLSA: E NE Pos #: \_\_\_\_\_\_ | Reg Temp FT PT  Current Salary: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of last audit \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**I. GENERAL INFORMATION**

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| --- | --- | --- | --- | --- |
| Employee Name | | | | |
| Department | | Ext. | Zip+4 | |
| **Current Job Title Data** | | | | |
| Job Code | Job Title | | | Grade |

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| --- | --- | --- |
| Check one:  Request audit to an existing SBU job title (*For a list of job titles within the SBU, refer to the Human Resources website)*  Request analysis/review of current job title and grade | | |
| **Proposed Job Title Data** | | |
| Job Code | Job Title | Grade |

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| **Supervisor Name:** | | | |  | | | |
| Title: | |  | | | | | |
| Department: | | |  | | | | |
| Ext. | \_\_\_\_\_\_\_\_\_\_\_\_ | | | | Zip+4: | \_\_\_\_\_\_\_\_\_\_\_\_ |  |

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| **Supervisor's** **Manager's** **Name:** | | | |  | | | |
| Title: | |  | | | | | |
| Department: | | |  | | | | |
| Ext. | \_\_\_\_\_\_\_\_\_\_\_\_ | | | | Zip+4: | \_\_\_\_\_\_\_\_\_\_\_\_ |  |

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| **Dean/Director**  **Name:** |  | Zip+4: |  |

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| **Vice President**  **Name:** |  | Zip+4: |  |

**Note --**New job titles or revised job titles and grades require Board of Trustees approval, University rule update, and filing with the State. New job titles or revised job titles/grades will be effective the next pay period following BOT approval of the revised rules~~.~~

1. **REASON FOR AUDIT REQUEST**

*(Complete this section for “filled” positions only.)*

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| 1. How have the position responsibilities changed? Refer to your current Position Description/Audit Questionnaire. If not available, contact Human Resources for a copy. | |
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| 1. What additional duties have been assigned? Please note, more of the same type of duties currently being performed DOES NOT qualify as additional assigned duties (i.e., typing for additional faculty members, advising additional students.) | |
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| 1. Why were the additional duties assigned? | |
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| 1. Who authorized this assignment of additional duties? | | | |  |
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| 1. When did this new assignment begin? | | |  | |
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| F. Are these additional duties: | | Temporary or  Permanent | | |
|  | | | | |
| 1. Are you still performing the duties that you performed prior to being assigned these additional   duties?  YES  NO If no, please explain. | | | | |
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**III. DUTIES AND RESPONSIBILITIES**

**Directions:**

Describe *in your own words* the duties and responsibilities you are currently performing on a regular basis and indicate the following:

**Essential Functions –** Indicate with and **(E**) next to duties that are fundamental in performing your work.

**Marginal Functions –** Indicate with an **(M**) next to duties that could be performed by others without altering the underlying reason that your position exists.

**Percentage of Time –** Indicate next to each duty the average percentage of time spent performing each individual job duty. *Percentage for all duties must equal 100%*

*Please note: Any PDAQ forms received that list duties copied from a Classification Specification will be returned as incomplete.*

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| --- | --- | --- |
| **(E)ssential/**  **(M)arginal** | **% of**  **Time** | **Duties and Responsibilities** |
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|  | **100%** | **Total of all percentages should equal 100%.** |

**IV. JOB SUMMARY**

In the space provided below, briefly explain in two or three sentences the general purpose of your position.

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**V. EDUCATION:**

1. Indicate the minimum education required.

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| H.S. Diploma/G.E.D. | Masters Degree |
| Vocational/Technical School | Other Degree above Masters level *(specify)* |
| Associate Degree | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| BA/BS Degree | Doctoral Education Program |

Describe the field of study, if any, required (e.g., Masters in Psychology or Bachelors in Accounting).

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1. What licenses or certifications, if any, are required to qualify for the position?

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1. What other knowledge, skills, or abilities are required in order to perform the duties of this position (e.g. tools, equipment, hardware or software)?

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**VI. EXPERIENCE:**

1. Indicate the minimum years of experience required.

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| --- | --- |
| No experience or up to 6 months | Over 6 months and up to twelve months |
| Over 1 and up to 2 years experience | Over 2 years and up to 4 years experience |
| Over 4 and up to 6 years experience | More than 6 years experience |

Describe the type of experience needed.

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1. Learning Period: After being hired or moved into this position, how much on-the-job training and experience is required for a new employee to learn all major duties and be able to do them well?

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| --- | --- | --- |
| Up to 6 months | 6 months to 1 year | 1 year up to 2 years |

**VII. COMPLEXITY AND CREATIVITY**

This question addresses the degree of problem solving required, the types of problems encountered and how these problems are solved. It also addresses the degree of original thinking required to perform a job that is creative or artistic in nature.

In your response, please give one or two examples of the more difficult and complex tasks/projects/problems that you have handled in the past twelve months. Consider the amount of judgment and thought required and the availability of policies, procedures and standards to guide you in solving problems. Also consider the degree to which creative thinking is required to organize or develop new or improved methods, ideas, procedures or techniques.

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## VIII. IMPACT ON INSTITUTIONAL MISSION

1. Check one box that best describes the impact on the institution from actions performed then explain in the space provided below.

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|  | Actions are typically related to a specific function and have minimal consequences on the activities within a single work unit. |
|  | Actions may affect a single department or program. Actions are generally related to regular work functions and have short-term consequences. |
|  | Actions may affect more than one department or program. Actions are generally related to application of standard policies or job procedures and have short or long-term consequences. |
|  | Actions may affect a college, major division or broad range of departments and programs. Actions are generally related to policy interpretation or complex systems applications and have short- or long-term consequences. |
|  | Actions often affect more than one college or division. Actions are generally related to policy formulation, objective setting or complex systems designs and have long-term consequences. |

Please explain your choice.

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1. Check one box that best describes the corrective action that would be taken as a result of an error made by someone in this position who did not possess good job knowledge or use sound judgment.

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|  | Correction of errors can be resolved by immediate supervisor. |
|  | Correction of errors is handled by managerial level personnel. |
|  | Correction of errors may require the intervention of director-level personnel. |
|  | Correction of error often requires the intervention of VP level personnel. |
|  | Correction of error is difficult; often requiring intervention of President. |

1. Type of Guidance and Review
2. How much freedom do you have to choose the way in which you perform an assignment or duty?

Task to task  Partial  Total

1. How frequently do you receive direction in the performance of your duties? (Include in this answer all kinds of direction, including assignment of projects or tasks.) Check one.

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| --- | --- | --- | --- | --- | --- |
| **Hour to Hour** | **Several times a day** | **Daily** | **2-3 times per week** | **Weekly** | **Less than Weekly** |
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**VIII. IMPACT ON INSTITUTIONAL MISSION (Cont'd)**

1. How frequently are the results of your work normally reviewed? (Include in this answer all types of review, whether explicit or implicit.) Check one.

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| **Hour to Hour** | **Several times a day** | **Daily** | **2-3 times per week** | **Weekly** | **Less than Weekly** |
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1. On a regular and recurring basis do you: (Check all that apply.)

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| Make major non-routine decisions *without* reviewing the decisions with your supervisor.  Provide example: |
| Attend on/off campus meetings representing your supervisor and assume the same authority  as your supervisor. Provide example: |
| Prepare non-routine correspondence with your supervisor’s signature without reviewing the  document with your supervisor. Provide example: |
| Contact deans, directors, and department heads concerning non-routine matters before  reviewing such contacts with your supervisor. Provide example: |
| Authorized to be the final approval (signature) for all department purchases. (i.e., office  furniture, computers, supplies) |

1. In what ways, if any, are you responsible for managing Operating and/or Capital budgets?

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| No budget responsibility. |
|  |
| Obtain information from others and/or type budget document. |
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| Develop budget recommendations and written narrative. |
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| Final review and approve budget. |
|  |
| Approve budget requests for other departments. |
|  |
| Total departmental/college budget responsibility. |

1. Describe the departmental policies and procedures, or formalized regulations that guide the actions in this position (e.g., policies or procedures for handling an overdue account or dealing with a student's complaint).

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**IX. INTERNAL AND EXTERNAL CONTACTS**

These questions address the responsibility for working with or through other people inside and outside the University to effectively accomplish results. Consideration should be given to the nature of contact and level of interactions encountered on a regular, recurring, and essential basis during operations.

1. With whom do you regularly communicate inside the University in order to perform your duties (e.g., support staff, faculty members, department heads, Deans, VP, Board Members, etc.)? What do you normally communicate about with these individuals? How often do you communicate (daily, weekly, monthly, etc.)? List only those contacts outside your immediate work area.

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|  | **Who** |  | **Communicate About What** |  | **How Often** |
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1. With whom do you regularly communicate outside the University, if anyone, (e.g., students, media, major donors, governmental agencies, etc.)? What do you normally communicate about? How often do you communicate (daily, weekly, monthly, etc.)?

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|  | **Who** |  | **Communicate About What** |  | **How Often** |
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**X. LEADERSHIP:** Indicate the level of supervisory authority.

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|  | No authority or responsibility for the supervision of others, for project direction and/or program  administration. | | | | | | | | | | | |
|  | Responsible for directing and monitoring the work of students, graduate assistants, and/or  temporary workers. | | | | | | | | | | | |
|  | # of Students |  | | | # of Graduate Assistants | | | | |  | # of Temporary Workers |  | |
|  | Functional guidance over nonexempt staff including general scheduling, assigning tasks and  monitoring work activities. | | | | | | | | | | | |
|  | Direct supervision and evaluation of work as a first-line supervisor over nonexempt staff  including hiring, terminating, disciplining, appraising performance, recommending such actions;  or functional guidance and/or project leadership over exempt staff engaged in activities of a  recurring basis. | | | | | | | | | | | | |
|  | # of Nonexempt Staff | | |  | | |  | Job Titles: | | | | | |
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|  | Direct supervision as a first-line supervisor over exempt staff (and nonexempt staff, if applicable). | | | | | | | | | | | | |
|  | # of Employees | |  | | |  | | | Job Titles: | | | | |
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|  | Management of the operation of a unit or major function with activities typically coordinated  through administrative personnel above the level of first-line supervisors or through persons  having mid-to-upper-level management or professional responsibility. | | | | | | | | | | | | |
|  | Direction and total responsibility for the operations of a department or large program. Typically  reports to the head of the division with all management and/or administrative/professional  personnel normally reporting to this position for operational coordination. | | | | | | | | | | | | |

**Note:**

*Non-exempt* = classified, unclassified and bargaining unit employees paid on an hourly basis, completes a weekly time record, paid only for hours worked and subject to overtime payment.

*Exempt* = all Contract Professional staff, unclassified exempt and classified exempt staff employees paid on either a fixed monthly or fixed bi-weekly rate. Employees not subject to overtime provisions and do not complete a weekly time record.

**XI. PHYSICAL DEMANDS**

This section addresses the physical demands of the position as measured by the amount of physical effort required to perform the work as determined by stress placed on the skeletal, muscular and/or cardiovascular systems.

From the list of descriptions below, check the box that best describes the physical requirements of the position.

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| --- | --- |
|  | Job is physically comfortable; individual is normally seated and has discretion about walking, standing, etc. May occasionally lift very lightweight objects. |
|  | Light physical effort required involving stooping and bending; or individual has limited discretion about walking, standing, etc. (i.e. Receptionist); occasional lifting of lightweight objects (up to 25 pounds). |
|  | Moderate physical effort required involving long periods of standing, walking on rough surfaces, bending and/or stooping; periodic lifting of moderately heavy items (over 25 pounds and up to 50 pounds). |
|  | Considerable physical exertion required involving bending, stooping, crawling, climbing, lifting or carrying heavy items (over 50 and up to 75 pounds) and periodically (i.e., up t 1/3 of the time) working in difficult or awkward positions. |
|  | Extremely strenuous, with frequent physical exertion such as the lifting of very heavy items (more than 75 pounds), deep bending, crawling, climbing and/or working in difficult or cramped positions for extended periods (i.e., more than 1/3 of the time). |

**XII. 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.

From the list of working condition descriptions below, check all boxes that apply. Then estimate the extent of time that the conditions exist.

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| --- | --- | --- | --- | --- |
|  | Work Indoors ( |  | | % of time) |
|  | Work Outdoors ( | |  | % of time) |
|  | Frequent use of Video display terminal (Up to 40% of work day) | | | |
|  | Near continuous use of Video display terminal (Greater than 70% of work day) | | | |
|  | Drive a vehicle 50% or more during work day | | | |

**XII. WORKING CONDITIONS (Cont’d)**

Check all that apply. Then check the level of frequency that most closely matches.

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| --- | --- | --- | --- |
|  | Not applicable or minor inconveniences | Occasional exposure to moderate levels | Frequent or prolonged exposure to extreme levels |
| Working condition discomforts due to heat, cold, poor ventilation, dust, fumes | |  |  |  |
| Noise (Employee must shout to be heard) | |  |  |  |
| Moisture/Wetness (i.e. tunnels, outdoor work) | |  |  |  |
| Toxic Chemical Substances | |  |  |  |
| Radiation Exposure | |  |  |  |
| Contagious Diseases | |  |  |  |
| Heights (i.e. scaffolds, ladders) | |  |  |  |
| Moving Mechanical Parts | |  |  |  |
| Electrical Hazards | |  |  |  |
| Other (List below) | |  |  |  |
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Please further explain any items checked above.

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**XIII. DEPARTMENTAL ORGANIZATIONAL CHART**

**Attach a current Departmental Organizational Chart with your position highlighted.**

**XIV. EMPLOYEE GENERAL COMMENTS**

Because no single questionnaire can cover every part of your position, can you think of any other information that would be important in understanding your job? If so, please give us your comments below. Attach an additional page for comments, if needed.

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|  | **My signature on this document attests that: To the best of my knowledge this job description accurately reflects the duties that I am performing. Pursuant to the Collective Bargaining Agreement, I acknowledge that this position audit may result in a reclassification to the appropriate bargaining unit classification or the removal of job responsibilities which are inconsistent with my current classification. I understand that should a new rate of pay be deemed appropriate, such pay will be retroactive to the date that my immediate supervisor signed the review. In addition, I understand that any reclassification shall be effective on this first day of the pay period immediately following the review and completion of the position audit by Human Resources.** | | |
|  | Employee Signature |  | Date |

**XV. IMMEDIATE SUPERVISOR APPROVAL SECTION**

This portion of the questionnaire is to be completed by the employee's immediate supervisor. The space provided below is for general remarks you may have. Attach an additional page if needed.

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**CRITICAL NEEDS OF DEPARTMENT – TO BE COMPLETED BY SUPERVISOR**

Indicate in detail how the additional job duties assigned to this employee are critical to the success of the operation and/or department. If these additional job duties were not assigned, how would they impact the operation and/or department? Is the assignment of these additional, permanent job duties due to reorganization or recent separation from the department? Attach additional documentation if needed.

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|  | **The undersigned have met and reviewed this document and agree that the information contained on the form is an accurate description of the current duties of the incumbent. In regards to this Position Audit, Human Resources will make a determination within forty (40) work days, which will commence on the date that the immediate supervisor signs below, acknowledging receipt of this form.** | | | |
|  | Employee's Signature | Date | Immediate Supervisor Signature | Date |

**XVI. SECOND LEVEL SUPERVISOR APPROVAL SECTION**

As the Second Level Supervisor, I have reviewed the Positon Description Audit Questionnaire and agree that the information provided on the form is an accurate description of the duties and responsibilities assigned to the position. In addition, I agree that this request represents a critical need within my area of responsibility. Please provide additional comments below. Attach an additional page if needed.

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|  | Second Level Supervisor Signature |  | Date |

**XVII. VICE PRESIDENT APPROVAL SECTION**

This portion of the questionnaire is to be completed by the employee’s Vice President/Dean. The space provided below is for general remarks you may have. Attach an additional page if needed.

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|  | Vice President/Dean Signature |  | Date |

***Note:*** *It is the department’s responsibility to work with the Budget Office if additional funding sources will be needed due to change in salary.*