|  |  |
| --- | --- |
|  | **Position Number**:       |

**Benefited Position Description Questionnaire**

|  |  |  |  |
| --- | --- | --- | --- |
|[ ]  **Full-time** (40 hrs/week) |[ ]  **12-month** | **Calendar Code** (if applicable) |  |
|[ ]  **Part-time** (Less than 40 hrs/week) |[ ]  **9-month** |  |  |
|[ ]  **Grant funded** |[ ]  **Other (explain):** |       |  |

|  |  |
| --- | --- |
| **Today’s Date:** |       |
| **Employee Name and ID:** |       |
| **Current Title:** |       |
| **Proposed Title:** |       |
| **Department/Unit Name:** |       |
| **College/Division:** |       |
| **Supervisor’s Name:** |       |
| **Supervisor’s Position #:** |       |

1. **What is the justification for an analysis of this position?**

[ ] New Position (determine job title and grade) [ ] Change in Duties [ ] Reorganization

1. **What is the primary purpose of this position?**
2. **Describe the work that is regularly performed by listing duties in order with the most important duty listed first, not by descending percentage of time spent performing the duty.**
* **Do not copy** directly from a UW job description or from another PDQ. Use your own words and make your descriptions clear. The goal is to enable people unfamiliar with your work to understand what you do for the University of Wyoming.
* Describe this work in detail (**what** is done, **why** it is done, and **how** it is to be accomplished).
* Mark essential functions with an “X” to the left of the job duty.
* To the right of the job duty, indicate the percentage of time spent performing the job duty per year (based on 2080 hours per year). All duties must total 100%.

**To determine if a job duty is essential:**

1. Does the position exist to perform this particular job duty? If yes, this duty is **essential**.
2. Would removal of this job duty fundamentally alter this position? If yes, this duty is **essential**.

**Mark Essential Duties and Responsibilities % of Time Spent Annually Function (X)** (List most important duty first) (At least 5 %)

|  |  |
| --- | --- |
|[ ]        |    % |
|[ ]        |    % |
|[ ]        |    % |
|[ ]        |    % |
|[ ]        |    % |
|[ ]        |    % |
|[ ]        |    % |
|[ ]        |    % |
|[ ]        |    % |
|[ ]        |    % |
|  | Miscellaneous duties (do not require a percentage):       |    % |

1. **Indicate the number of employees supervised and the type of leadership, supervisory, or management responsibilities (check the highest level that applies)**: [ ]  0   [ ]  1-5    [ ]  6-10   [ ]  11-15 [ ]  16+

[ ]  No employees supervised:  responsible for own work.

[ ]  Student workers and/or temporary workers: assigns, trains, schedules, or oversees work of

others.

[ ]  Functional/project supervision:  functional guidance over benefited and non-benefited

Including general scheduling, assigning tasks, and monitoring work activities; work team leader.

[ ]  Direct supervision as first-line supervisor over benefited staff including hiring, termination,

discipline, performance evaluations.

[ ]  Manager:  delegates authority to carry out work of a unit to subordinate benefited workers

and/or supervisors or managers.

1. **Indicate type of supervisory authority exercised for personal actions**:

[ ]  Not Applicable [ ]  Schedule Work Assignments

[ ]  Hiring/Terminations [ ]  Assist Making Recommendations

[ ]  Provide Training [ ]  Salary Adjustments

[ ]  Discipline/Work Improvement [ ]  Performance Evaluations (which position numbers:      )

1. **Select total budgetary amount (assist with or plan, defend, and maintain operating budget)**:

[ ]  No budgetary responsibility
[ ]  Up to $10,000 [ ]  $10,001 to $100,000 [ ]  $100,001 to $1,000,000
[ ]  $1,000,001 to $5,000,000 [ ]  $5,000,001 to $10,000,000 [ ]  Over $10,000,001

**Total salaries/wages budget:** $      (Full-time and part-time total salaries/wages)

1. **Select total financial responsibility amount (cash handling, bookkeeping (debit/credit), and reconciling accounts**:

[ ]  No fiscal responsibility
[ ]  Up to $10,000 [ ]  $10,001 to $100,000 [ ]  $100,001 to $1,000,000
[ ]  $1,000,001 to $5,000,000 [ ]  $5,000,001 to $10,000,000 [ ]  Over $10,000,001

1. **What are the minimum knowledge, skills, competencies, and comparable experience requirements for this position?**
* Please do not indicate what the employee currently in the position has, rather what a new employee would need to minimally qualify for this position.
1. **What are the required certifications, registrations, and/or licensures for this position?**
2. **What training courses are required for this position?**
3. **Type of equipment, vehicles, instruments and tools including computer applications and/or equipment that must be used proficiently to accomplish the tasks assigned to this position and how often used (daily, weekly, monthly, etc.)?**
4. **How much on-the-job time is spent in the following sensory/physical activities?**
* **Note:** Responses to questions with “Amount of Time” are to be based on a period of one month.

####  - - - Amount of Time - - -

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **None** | **Rarely** | **Up to 1/3** | **1/3 to 2/3** | **2/3 or over** |
| Stand |[ ] [ ] [ ] [ ] [ ]
| Walk |[ ] [ ] [ ] [ ] [ ]
| Sit |[ ] [ ] [ ] [ ] [ ]
| Use hands and/or fingers |[ ] [ ] [ ] [ ] [ ]
| Climb or balance |[ ] [ ] [ ] [ ] [ ]
| Stoop, kneel, crouch or crawl |[ ] [ ] [ ] [ ] [ ]
| Twist |[ ] [ ] [ ] [ ] [ ]
| Bend |[ ] [ ] [ ] [ ] [ ]
| Reach with hands and arms |[ ] [ ] [ ] [ ] [ ]
| Taste or smell |[ ] [ ] [ ] [ ] [ ]
| Hear |[ ] [ ] [ ] [ ] [ ]

1. **Does this job require that weight be lifted? If so, how much and how often?**

**- - - Amount of Time - - -**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **None** | **Rarely** | **Up to 1/3** | **1/3 to 2/3** | **2/3 or over** |
| Up to 10 pounds |[ ] [ ] [ ] [ ] [ ]
| Up to 25 pounds |[ ] [ ] [ ] [ ] [ ]
| Up to 50 pounds |[ ] [ ] [ ] [ ] [ ]
| Up to 100 pounds |[ ] [ ] [ ] [ ] [ ]
| More than 100 pounds |[ ] [ ] [ ] [ ] [ ]

1. **Does this job require that force be exerted? If so, how much and how of often?**

**- - - Amount of Time - - -**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **None** | **Rarely** | **Up to 1/3** | **1/3 to 2/3** | **2/3 or over** |
| Up to 10 pounds |[ ] [ ] [ ] [ ] [ ]
| Up to 25 pounds |[ ] [ ] [ ] [ ] [ ]
| Up to 50 pounds |[ ] [ ] [ ] [ ] [ ]
| Up to 100 pounds |[ ] [ ] [ ] [ ] [ ]
| More than 100 pounds |[ ] [ ] [ ] [ ] [ ]

1. **What are the vision requirements for this job?**

 [ ]  Close (clear vision at 20 inches or less)

 [ ]  Distance (clear vision at 20 feet or more)

 [ ]  Color (ability to identify and distinguish colors)

[ ]  Peripheral (ability to observe an area that can be seen up and down or to the left and right

 while eyes are fixed on a given point)

 [ ]  Depth Perception (three-dimensional vision, ability to judge distances and spatial

 relationships)

 [ ]  Ability to Adjust Focus (adjust eye to bring an object into sharp focus)

 [ ]  No Special Vision Requirements

1. **How much noise is typical for the work environment of this job?**

[ ]  Very Quiet (i.e. isolation booth for hearing test)

[ ]  Quiet (i.e. library, private office)

[ ]  Moderate Noise (i.e. office with light traffic, printers, typewriters, etc.)

[ ]  Loud Noise (i.e. office with high traffic, printers, etc.)

[ ]  Very Loud Noise (i.e. heavy equipment/construction site)

1. **How much exposure to the following environmental conditions does this job require?**

 **- - - Amount of Time - - -**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **None** | **Rarely** | **Up to 1/3** | **1/3 to 2/3** | **2/3 or over** |
| Operate moving vehicle/equipment |[ ] [ ] [ ] [ ] [ ]
| Work near moving mechanical parts |[ ] [ ] [ ] [ ] [ ]
| Work in high, precarious places |[ ] [ ] [ ] [ ] [ ]
| Work in confined places |[ ] [ ] [ ] [ ] [ ]
| Darkness/poor lighting |[ ] [ ] [ ] [ ] [ ]
| Airborne particles (dust, powders, etc.) |[ ] [ ] [ ] [ ] [ ]
| Vapors/fumes/odors |[ ] [ ] [ ] [ ] [ ]
| Toxic or caustic chemicals |[ ] [ ] [ ] [ ] [ ]
| Temperature changes |[ ] [ ] [ ] [ ] [ ]
| Outdoor weather conditions |[ ] [ ] [ ] [ ] [ ]
| Snow/ice |[ ] [ ] [ ] [ ] [ ]
| Extreme cold (non-weather) |[ ] [ ] [ ] [ ] [ ]
| Extreme heat (non-weather) |[ ] [ ] [ ] [ ] [ ]
| Wet, humid (non-weather) |[ ] [ ] [ ] [ ] [ ]
| Risk of electrical shock |[ ] [ ] [ ] [ ] [ ]
| Fire hazard |[ ] [ ] [ ] [ ] [ ]
| Explosives |[ ] [ ] [ ] [ ] [ ]
| Vibration |[ ] [ ] [ ] [ ] [ ]
| Noise |[ ] [ ] [ ] [ ] [ ]
| Computer/video terminal display  |[ ] [ ] [ ] [ ] [ ]
| Other:       |[ ] [ ] [ ] [ ] [ ]

1. **Check the type of location(s) where the majority of the position duties are performed:**

[ ]  Office Environment [ ]  Art Studio/Museum [ ]  Shop/Warehouse

[ ]  Auditorium/Fieldhouse [ ]  Lab(s) [ ]  Food Service: Kitchen/Dining

[ ]  Gym/Pool [ ]  Farm [ ]  Library/Classroom

[ ]  Indoors (Specify     ) [ ]  Other (Specify     ) [ ]  Outdoors (Specify     )

1. **As the employee performing these duties, by typing your name below and submitting this PDQ electronically, you are verifying this information as a true and accurate description of the type and level of duties and responsibilities of this position.**  (Note: only for occupied positions).
	1. Employee name:
	2. Employee work phone number:
	3. Email address:
2. **As the supervisor, do you agree with this description of duties and levels of responsibility?**
	1. If you disagree, list the reasons why:
3. **As the supervisor with delegated accountability for the assignment of duties and responsibilities performed by this position, by typing your name below and submitting this PDQ electronically, you are certifying that this document is an accurate and complete description of this position’s assignment.**
	1. Supervisor name:
	2. Supervisor position number:
	3. Supervisor official job title:
	4. Supervisor work phone number:
	5. Email address:

**Important Information to Remember**

* Effective dates of any reclassifications will be the first day of the month following HR approval.
* Departments will be responsible for the funding of any reclassifications.
* The analysis process is comprehensive and takes considerable time to finalize. Final determinations generally take from two weeks to two months. The goal of the Classification Compensation unit is to complete analysis decisions within two (2) weeks of receipt. Factors contributing to the turn-around time include scheduling of the audit interview, uniqueness of the position, other analyses currently in process, requests submitted on vacancies, and other priorities of the Classification Compensation unit.
* A request for analysis may be initiated by the employee or the employee’s supervisor, and must be submitted for departmental approval. Requests must have the appropriate approval before Human Resources will review them. See the [Request a Position Change](https://uwyo.teamdynamix.com/TDClient/1940/Portal/KB/ArticleDet?ID=135452) quick reference guide.
* Department managers are responsible for organizing the work in their areas, and have authority to change and reassign duties and responsibilities as needed. If the employee believes significant changes have been made in the duties assigned to the position, the employee should discuss a request for job analysis with their supervisor.
* The Human Resources Department may initiate an analysis of a position. When this occurs, the department may be required to complete this questionnaire.