

SECTION II

You are the best person to provide information about the job assigned to you. Please list the duties in order of importance, from most important to least important. Start each with a specific verb, for example: prepares, supervises, directs, plans, reviews, organizes, counsels, etc. The last duty listed should be "Performs other duties as required." Number each duty in the left column and estimate the percentage of time spent on each duty in the right column. The total percentage should not exceed 100%. Activities performed on an irregular basis (weekly, monthly, quarterly, etc.) should be noted as such. Please do not abbreviate the initial reference to a report, program, technical or business procedure, professional association, etc. Attach another sheet if additional space is needed.

No.	Duties (Give all necessary details)	% Time
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Total % Time:

SECTION III

Complete the following questions only if they apply to the position. Please do not abbreviate the initial reference to a report, program, technical or business procedure, professional association, etc.

1. Identify by name and title, including your own position, the positions that report directly to your immediate supervisor.

2. Identify by name and title the positions that report directly to you.

3. What is your current fiscal year budget responsibility?
 - (a) Total personal services: \$_____
 - (b) Total non-personal services: \$_____

4. Explain the advanced planning required of you in this position (i.e. the preparation of monthly reports, preparing for staff meetings, facilities planning, budget planning, renovation projects, etc.).

5. What are the principal problems and challenges encountered in your position?

6. Describe any details that make this job unusual (hazardous work, travel, considerable public contact, public speaking, community activities, confidential matters, physical effort, etc.).

C E R T I F I C A T I O N

I certify that the responses herein are my own and are accurate and complete.

Signature

Date

SECTION IV (To be completed by the immediate supervisor).

1. Please comment on responses in Section II and III, indicating any additions or differences in perceptions of the responsibilities.

2. What do you consider the most important duties of this position?

3. What kind of specialized education, training, or certification is needed to perform the duties of the position? (i.e., college degree(s) in a specific discipline, specific technical or professional training, registration or certification, etc.).

4. Describe the specific type and amount of previous experience required to perform the duties of the position.

5. List the non-essential functions or marginal tasks of the position that could be eliminated or performed by someone else if the incumbent were disabled but able to perform the essential functions.

6. Comments:

Immediate Supervisor Signature

Date

SECTION V (To be completed by the appropriate Vice President or the President).

Upon my review of the foregoing completed questionnaire, approval to proceed with a review of this request is granted.

Vice President/President Signature

Date