



**Instructions:**

The information, which you provide, on this questionnaire about your job will be used by us to create an accurate job description. Your care in completing the questionnaire fully and accurately is very important.

Please answer all the questions that apply to your position using specific examples to illustrate your ideas. Please state your answers in clear terms since the people who review this document may not be familiar with some of the language which is familiar to you.

This form will take 45 minutes to an hour for completion. Once the form is completed, it should be electronically sent to the Manager who will review and electronically approve the form. The **Manager will then electronically forward the questionnaire to Human Resources (HR) at [hrjobstudy@aug.edu](mailto:hrjobstudy@aug.edu)**. Once HR reviews the questionnaire, it will be forwarded to the consultants.

This form should be routed as follows: Employee ⇔ Manager ⇔ Human Resources ⇔ Consultants

Once you have completed the form, click File – Save As to save it to your computer desktop. Then from Outlook or JagMail, attach the form in an e-mail message and send to your department manager (department managers should send this to [hrjobstudy@aug.edu](mailto:hrjobstudy@aug.edu) after reviewing and signing the form).

**Department Managers must electronically submit (*please put your department name in the subject line.*) all completed forms to HR ([hrjobstudy@aug.edu](mailto:hrjobstudy@aug.edu)) by July 27, 2011.**

If you have questions, please contact HR at (706) 737-1763. However, if you have technical problems (filling out, saving, or emailing form, please contact the ITS Help Desk at (706) 737-1482.

**I. GENERAL INFORMATION**

**Name:** ➤

**Position Title:** ➤

**Manager: (Title)** ➤

**Date Prepared:** ➤                      **Dept. Manager's Signature:** ➤  
(Electronic Signature)

**II. SUMMARY OF POSITION**

Please state in three or four sentences the major responsibilities, duties and/or tasks for this position. Be as specific as possible. (It may be helpful to summarize exactly what you are expected to accomplish).

### III. PRINCIPAL RESPONSIBILITIES

In the space below, briefly describe in order of priority the 6-8 most critical and fundamental responsibilities of your position. Please indicate an approximate percentage of time devoted to each responsibility. The total of the time estimates should not exceed 100%.

	<b>% of Time</b>
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

### IV. BUDGET MONITORING/ADMINISTRATION

Describe the financial and/or budget responsibilities which are part of your position. Example: Amount of money processed, purchasing budgets, inventories maintained, annual budgets, etc.

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## V. JOB REQUIREMENTS

### Education, Certification, Memberships

Please check the **minimum** amount of formal education **required** to perform in your position. Select a level based upon the position requirements rather than on your own individual education level.

Requires High School Diploma or GED

Requires two years of college or vocational/technical school

Requires a four-year college degree

Requires beyond four years of college but typically less than an advanced degree

Requires an advanced degree (J.D., Ph.D., Master's, etc.)

Requires certifications, special licenses, accreditations, specific software programs, or other skills. Please list below.

Requires membership in association(s). Please list below.

### Work Experience

Please indicate the **minimum** amount of related work experience **required** for someone to be effective in this position. When responding to this question, select the level that most closely matches the requirements of the position, as opposed to your own personal background. Some jobs such as entry-level positions require no prior work experience.

- |  |   |
|--|---|
| <input type="checkbox"/> No Experience                           |   |
| <input type="checkbox"/> Some experience, but less than one year | <input type="checkbox"/> Five years and up to seven years |
| <input type="checkbox"/> One year and up to three years          | <input type="checkbox"/> Seven years and up to ten years  |
| <input type="checkbox"/> Three years and up to five years        | <input type="checkbox"/> Ten years and over               |

## Knowledge

This section addresses the knowledge and skills **required** to accomplish assigned tasks. Please describe the types and depth of knowledge required: specific disciplines, practices, policies, and specialized techniques. Also indicate technical knowledge, equipment, software knowledge, etc.

## VI. SCOPE OF RESPONSIBILITY

This section addresses responsibilities in terms of interaction with other employees. Included are supervision and work related contacts outside the University.

### Environment

- 1) Who assigns your work?
- 2) What decisions are you authorized to make on your own?
- 3) What decisions are you instructed to refer to others before taking action?
- 4) Is your work reviewed or checked, and if so by whom?

### Management

Select one that most closely describes your position.

- My job does not require that I supervise others.
- My job requires that I act as team leader/coach for others.
- My job requires that I coordinate the work of other employees.
- My job requires that I supervise or manage a function or project, but does not include the supervision of employees.
- My job requires that I supervise or manage employees. (If checked, please complete the field below)

List the total number of employees reporting directly and/or indirectly (i.e., through other management) to this position.

Enter a number for each type of employees. If not applicable, enter zero (0).

- \_\_\_\_\_ Number of employees eligible for overtime (not including students or temporary employees).
- \_\_\_\_\_ Number of employees exempt from overtime.
- \_\_\_\_\_ Number of temporary employees (casual labor).
- \_\_\_\_\_ Number of student employees.

## Contacts

List your most frequent work-related contacts, outside of the University.

Contact (dept/company)	Method (phone/in person)	Reason	Frequency

## Challenges

What is the most difficult part of your work? (Please describe a specific example to illustrate the kinds of problems you try to resolve.)

## VII. PHYSICAL EFFORT

### How Heavy

How heavy is the physical effort required in this job?

- 1. Requires minor physical effort.
- 2. Requires lifting or moving weight averaging up to 25 lbs. or the equivalent in other forms of physical effort.
- 3. Requires lifting or moving weight averaging up to 50 lbs. or the equivalent in other forms of physical effort.
- 4. Requires lifting or moving weight averaging up to 100 lbs. or the equivalent in other forms of physical effort.

### How Sustained

How sustained is this physical effort?

- 1. Effort applied infrequently, sporadically with lengthy time intervals.
- 2. Effort applied for up to 20% of working time.
- 3. Effort applied for up to 50% of working time.
- 4. Effort applied for up to 80% of working time.
- 5. Effort applied for more than 80% of working time.

### Working Position

What position does a person normally adopt to do this task?

- 1. Sitting down most of the time.
- 2. Mostly standing, or walking about with some sitting.
- 3. Spends long periods walking about or standing.
- 4. Spends long periods in abnormal positions.

### Pressure of Work

To what extent is the timing of the work at the discretion of the employee?

- 1. The employee sets his/her own pace, with no pressure building up.
- 2. The employee sets his/her own pace, but must keep up to a minimum speed in order to avoid pressure.
- 3. There is a constant steady pressure from supervision or the workflow to force the employee to work at a fast pace.
- 4. Pressure on the employee builds up to peaks in order to meet deadlines.

## VIII. ADDITIONAL INFORMATION

Please provide additional information which would help us understand the unique requirements of your position.

## REVIEW BY MANAGER

What do you consider the most important duties of this position? Please insert text in the box below to demonstrate that you have reviewed and in agreement with the information on this questionnaire.

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**All completed forms must be submitted to HR by July 27, 2011.**

## HR COMMENTS

Position Number: \_\_\_\_\_ Title: \_\_\_\_\_

**Thank you for providing  
the time and information required  
to complete this questionnaire.**