

POSITION CLASSIFICATION QUESTIONNAIRE

Current Title: _____ Department: _____

BU

Company Cost Center: _____ Code: _____ PSB # _____

IS THIS A PROVISIONAL POSITION: **YES** **NO**

NOTE: If this is a Provisional Position, the following information is Required

Purpose of the Grant/Contract/Program:

Grant Name:	Grant Number:
Funding Agency:	Funding Amount:
Date Grant Awarded or renewed:	Grant End Date:

Briefly describe the most important duties performed. List the duties in order of importance with the most important duty listed first. Please use clear concise sentences and begin each sentence with an action verb. In the column to the left please indicate the PERCENTAGE OF TIME PER YEAR performing that job duty. Please only list duties that require at least 10% of annual time. If there are a number of minor miscellaneous duties, please use the heading of "Miscellaneous" and briefly describe. **IF MORE SPACE IS NEEDED PLEASE ATTACH A SEPARATE SHEET OF PAPER.**

% Of Time Annually	DUTY #	<input type="checkbox"/>	<u>Duties Listed in Order of Importance</u>
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	
		<input type="checkbox"/>	

NOTE: FOR EACH DUTY, SIGNIFY IF THIS IS AN "ESSENTIAL DUTY", AS DEFINED BY THE AMERICANS WITH DISABILITIES ACT, BY PLACING AN BY THE DUTY NUMBER, FOR ADDITIONAL INFORMATION ON ESSENTIAL DUTIES SEE GUIDELINES FOR IDENTIFYING "ESSENTIAL JOB FUNCTIONS", FORM VI-C-2.

Number of People Supervised: _____

List the names and payroll titles, etc. of employees you supervise if five or fewer; if more than five, give the numbers under each title; if you supervise no employees, write "none".

NAME	TITLE	PSB NO.	FULL TIME	PART TIME

Level of Responsibility:

- Level 1** No supervisory responsibility; may explain work instructions to others.
- Level 2** Involves general instructing, scheduling, and reviewing the work of others performing the same or directly related work. Acts as "lead worker". This level involves functional supervision only.
- Level 3** Recommends personnel actions (hiring, termination, pay changes). Involves scheduling, supervision, and evaluation of work of employees who perform similar work assignments.
- Level 4** Involves scheduling, supervision, and evaluation of work as a "manager" of the first line supervisors; or performs supervision of workers who perform distinct and separate blocks of work.
- Level 5** Involves scheduling, supervision, and evaluation of work as a superior of "managers." Administers through subordinate managers, departmental multi-function programs or operations.
- Level 6** Involves scheduling, supervision, and evaluation of work as a superior of those in level 5.

QUALIFICATIONS

Education:

Required

Preferred

- Less than high school education
- High School diploma or equivalent
- Associate degree or advance specialized or technical training
- Bachelor's degree or equivalent
- Master's degree or equivalent
- Doctorate (specify area)
- Professional License or Certification(specify)_____

Experience: (Please be prepared to cite sound rationale for experience required.)

- Less than one year of experience required.
- One year of prior experience required.
- Two years of prior experience required.
- Three years of prior experience required.
- Four years of prior experience required.
- Five years of prior experience required.
- Six years of prior experience required.
- Seven or more years of prior experience required.
- One year of supervisory experience required.
- Two years of supervisory experience required.
- Three years of supervisory experience required.
- Four years of supervisory experience required.
- Five years of supervisory experience required.
- Six or more years of supervisory experience required.

PERSONAL CONTACTS: (The organization is defined as the **University of Arkansas, Fayetteville campus**).

Internal Contacts:

- Contact with employees or others primarily at a routine level involving basic information exchange.
- Contact with peers and others involving explanation of information (these contacts may be within or outside your unit, department, or division), and the gathering of factual information. May include the communication of sensitive or confidential information.
- Contact across units, departments, or divisions with employees involving persuasion of others, absent formal authority, to conform to a policy interpretation or recommended course of action.
- Contact that requires a high degree of authority in securing understanding and cooperation of multiple departments or interests.

External Contacts:

- No contact with people outside the University of Arkansas.
- Limited external contact to gather information, answer queries, or solicit assistance.
- Frequent external contact to gather information, answer queries, or solicit assistance.
- External contact involving a requirement to maintain a continuing external working relationship with individuals, or organizations.
- External contact involving the initiation and maintenance of relationships that can have a significant effect on the success of the University of Arkansas.

DECISION RESPONSIBILITY

- Requires very little analytical thought or independent decision-making. The work has limited overall impact.
- Regularly makes decisions involving how an operation will be done or carried out (i.e. sequence or method), and generally from an available set of alternatives or precedents.
- Regularly makes decisions of responsibility, involving evaluation of information. Decisions may require development or application of alternatives or precedents.
- Regularly makes significant decisions and final results, typically affecting the entire department. Available guides or precedents are limited. Has authority over the allocation of resources.
- Significant responsibility for decisions and final results, affecting more than one department or a department with multiple units. Substantial analysis is required and many factors must be weighed before a decision can be reached.
- Major responsibility for decisions and final recommendation, which may result in the formulation of strategic, plans of action to achieve the broad objectives for the University of Arkansas.
- Primary work responsibility involves the long-range future of the University of Arkansas. Decisions determine the scope, direction and goals of the University of Arkansas.

IMPACT OF ERRORS

Please note the consequences if you make a serious error.

TYPE OF ERROR	LOSS OR DAMAGE	METHOD TO CORRECT

COMPLEXITY, JUDGMENT, AND PROBLEM SOLVING

- Work of a relatively routine nature. Requires the ability to understand and follow instructions.
- Structured work, following a limited variety of standard practices.
- Generally structured work, but involving a choice of action within limits of standard policy and procedures.
- Generally diversified and moderately difficult work. Requires judgment in the adaptation and interpretation of established practices and procedures to meet problems and situations to which the application is not clearly defined.
- Typically difficult or complex work. Generally governed by broad instructions and objectives usually involving frequently changing conditions and problems.
- Work requires the ability to plan and perform work in light of new or constantly changing problems, work from broad instruction, deal with complex factors not easily evaluated. Decisions require considerable judgment, initiative, and ingenuity in areas where there is little precedent.
- Work requires the ability to act independently in the formulation and administration of policies and programs for major division or functions.

WORKING CONDITIONS

Please indicate the level, which appropriately describes the work environment of the position. In selecting the appropriate level, a judgment should be reached regarding the most disagreeable conditions that are a normal and recurring factor of the job.

Physical:

- Job provides pleasant working conditions.
- Job provides minor annoyances. Unpleasant sights or odors may be encountered. Noise levels due to machinery or equipment in use might preclude normal conversational levels.
- Job provides moderately unpleasant working conditions. Unpleasant sights or odors constitute a regular recurring aspect of the job. Noise levels are such that protective ear coverings are recommended.
- Job provides an unpleasant work environment.

Schedule:

- Routine shift hours. Infrequent overtime, weekend, or shift rotation.
- Considerable irregularity of hours because of frequent overtime, weekend or shift rotation.
- Work demands and irregularity of hours create considerable inconvenience for home and social life, such as regular and frequent on-call availability.
- Nature of work frequently requires highly irregular and unpredictable or particularly long hours, such as attendance and participation at evening meetings, covering double shifts, etc.

Demands/Deadlines:

- Little or no stress created by work, associates, or public.
- Occasional stress due to deadlines or workload because of intermittent or cyclical work pressures, or occasional exposure to distressed individuals within the immediate work environment.
- High volume and variable work demands and deadlines impose strain on routine basis or considerable stress intermittently; OR regular direct contacts with distressed individuals within the immediate work environment; AND/OR exposure to demands and pressures from persons other than immediate supervisor.
- Work requires frequent, substantive contacts with people in highly stressful situations; delicacy and unpredictability of contacts routinely creates considerable strain or heavy stress regularly.

UNIVERSITY OF ARKANSAS, FAYETTEVILLE
OFFICE OF HUMAN RESOURCES
ESSENTIAL PHYSICAL REQUIREMENTS

Classification Title _____

Department _____

PSB Number _____

Supervisor's Signature _____

Date _____

For the position shown above, please identify the essential physical requirements of the position, by answering the questions below.

The Americans with Disabilities Act (ADA) define "Essential" as fundamental, not marginal; that is, that the physical activity listed below is actually required in order to perform a normal/routine task of the job and that removing the task would fundamentally alter the position.

1. **BENDING:** Does this position require the employee to bend? Y N
If yes, state frequency of bending: _____
2. **DRIVING:** Does this position require the employee to drive? Y N
3. **EYESIGHT:** Does this position require a sighted employee? Y N
If yes, state why: _____
4. **EXPOSURE:** Does this position require that the employee be exposed to extreme Environmental conditions? Y N
5. **HEARING:** Does this position require unimpaired hearing? Y N
6. **LIFTING:** Does this position require the employee to lift? Y N
If yes, state the weight of the load: _____
State the height of the lift: _____
7. **PUSHING:** Does this position require the employee to push? Y N
If yes, state the weight of the heaviest object pushed: _____
State the frequency of the need to push: _____
8. **REPETITIOUS MOVEMENT:** Does this position require the repetitious movement Of hands, wrists, arms? Y N
If yes, explain: _____
9. **SHARPS:** Does the position require the handling of sharp equipment or tools? Y N
10. **SITTING:** Does the position require that the employee sit for long periods of time? Y N
11. **STANDING:** Does the position require that the employee stand for long periods of time? Y N
12. **WALKING:** Does the position require that the employee walk for long distances? Y N
13. **OTHER PHYSICAL ACTIVITIES:** Describe any other physical activity, which is essential to this position

Organization Chart - Please complete the organizational chart for the department indicating supervisory relationships directly related to this position.

Department Head

Employee's Signature _____ Date _____

Supervisor's Approval of PCQ _____ Date _____ Phone _____

Department Head's Approval of PCQ _____ Date _____

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

Classification Determination _____

Position Number _____

Date of On-Campus Review _____

Reviewed by _____

Approved by _____

If classification recommendation differs from current requires approval of the Associate Vice-Chancellor for Human Resources

Approved by _____
Associate Vice Chancellor for Human Resources

If classification requires review and approval by OPM
OPM Effective Date
