Job Description Form

| Description of Position | | | |
|--------------------------|--------------------|------------|--|
| Job Title: | Date: | | |
| Incumbent: | Employment Status: | | |
| | Regular | | |
| Department: | Temporary | | |
| | Full-Time | | |
| Supervisor's Name/Title: | Part-Time | | |
| | Intern | | |
| Supervisor's Phone: | Reg. Hours Worked: | /Week | |
| | Exempt 🗆 | Non-exempt | |

A position description is written to describe work currently organized and performed by a fully qualified employee (who may possess knowledge, skills, and experience required by the position). One should be on file for each regular full- and part- time position. Attach a copy of the last position description prepared for this position.

When was the last time this position description was updated?

What is the overall purpose and objective of this position (Explain why this position exists)?

List, in order of importance, the major responsibilities of this position and estimate the percentage of time spent on each responsibility (the main function of the job may or may not be the one where the most time is spent).

| 1: | % |
|----|---|
| | 70 |
| 2: | ~ |
| | % |
| 3: | % |
| | |
| 4: | |
| | % |
| 5: | |
| | % |
| 6: | - % |
| | |



Working Conditions

Are there any specific working conditions associated with this position that should be noted (i.e., working environment, hours of work, travel, work space, etc.)? Yes _____ No _____ If yes, please explain:

Analysis of Physical Demands of Position

| Note any physical demands that apply. | | t apply. | Describe job responsibilities that require physical demands checked. | |
|---------------------------------------|-------------------------|----------|--|--|
| 1. | Strength a. Standing | □ | % of time | |
| | Walking | □ | % of time | |
| | Sitting | □ | % of time | |
| | b. Lifting | □ | pounds | |
| | Carrying | □ | pounds | |
| | Pushing | □ | pounds | |
| | Pulling | □ | pounds | |
| 2. | Climbing | | | |
| | Balancing | | | |
| 3. | Stooping | | | |
| | Kneeling | | | |
| | Crouching | | | |
| | Crawling | | | |
| 4. | Reaching | | | |
| | Handling | | | |
| 5. | Speaking | | | |
| | Hearing | | | |
| 6. | Seeing | | | |
| | Depth | | | |
| | Perception | | | |
| | Color Vision | | | |

