THE UNIVERSITY OF ROCHESTER
JOB ANALYSIS QUESTIONNAIRE
(FOR EXEMPT PROFESSIONAL-ADMINISTRATIVE-SUPERVISORY)

ACTION REQUESTED: [Check One]  ○ RE-EVALUATION OF CURRENT POSITION (Incumbent should complete Part I and Supervisor should complete Part II)

○ NEW POSITION (Supervisor should complete entire questionnaire)

INCUMBENT’S NAME:        EXTENSION:
TITLE OF INCUMBENT’S CURRENT POSITION:
DIVISION:
DEPARTMENT:
STANDARD WORK HOURS FROM:      TO:
SUPERVISOR’S NAME:        EXTENSION

THIS QUESTIONNAIRE IS DESIGNED TO OBTAIN AN ACCURATE DESCRIPTION OF UR JOBS. PLEASE ANSWER THE FOLLOWING QUESTIONS DESCRIPTIVELY AND CONCISELY, UTILIZING YOUR OWN WORDS AS OPPOSED TO RESTATING WORDS ALREADY UTILIZED ON A CLASSIFICATION DESCRIPTION.

PART I - TO BE COMPLETED BY INCUMBENT

1. ROLE:  (STATE BRIEFLY, IN ONE OR TWO SENTENCES, THE PRINCIPLE PURPOSE OR FUNCTION OF THE POSITION)

2. DUTIES:  (LIST IN ORDER OF IMPORTANCE, A SERIES OF BRIEF STATEMENTS WHICH DESCRIBE THE MAJOR ACTIVITIES. DO NOT LIST ALL INDIVIDUAL TASKS OR STEPS BUT RATHER [A] WHAT IS DONE (ACTIONS), [B] HOW IT IS DONE (METHODS), AND [C] WHY IT IS DONE (END RESULT EXPECTED). FOR EACH DUTY INDICATE THE ESTIMATED PERCENT OF TOTAL TIME SPENT ON EACH.

% OF TOTAL TIME SPENT ON DUTY:       DUTIES:  (Continue on additional sheets as needed)
2. **DUTIES**: [Continued]

% OF TOTAL TIME
SPENT ON DUTY: \hspace{2cm} DUTIES:

3. **AUTHORITY**: (DESCRIBE THE ACTIONS IN GUIDING OR INFLUENCING OTHERS, AUTHORIZING AND RECOMMENDING ACTIONS THAT IMPACT THE ORGANIZATION)
4. RELATIONSHIPS: (LIST THE TITLES OR CLASSIFICATIONS OF ALL EMPLOYEES REPORTING DIRECTLY TO THIS POSITION IN THE FIRST COLUMN AND INDICATE THE NUMBER OF EMPLOYEES WITH THAT TITLE OR CLASSIFICATION IN THE SECOND COLUMN. IN THE THIRD COLUMN, INDICATE THE NUMBER OF EMPLOYEES UNDER GENERAL SUPERVISION REPORTING THROUGH THE POSITION INDICATED IN THE FIRST COLUMN)

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5. CONTACTS: (DESCRIBE RESPONSIBILITY FOR MAINTAINING CONTACTS WITH OTHER PEOPLE, WITHIN AND OUTSIDE THE UNIVERSITY AND THE FREQUENCY, PURPOSE AND IMPACT OF THESE CONTACTS)

SIGNATURE OF STAFF MEMBER: ________________________ DATE: __________
PART II - TO BE COMPLETED BY SUPERVISOR

1. PLEASE COMMENT ON EMPLOYEE’S STATEMENTS WITH REGARD TO ANY MODIFICATION, ADDITION OR DIFFERENCE IN EMPHASIS.

2. WHAT DO YOU CONSIDER THE MOST IMPORTANT DUTIES AND RESPONSIBILITIES OF THIS POSITION?

3. WHAT SUPERVISION IS GIVEN TO THE EMPLOYEE IN THIS POSITION?

4. QUALIFICATIONS: (SEPARATING THE POSITION FROM THE INDIVIDUAL WHO OCCUPIES IT, ESTIMATE THE MINIMUM REQUIREMENTS OF)

   EDUCATION:
   SPECIALIZED OR TECHNICAL KNOWLEDGE:

   KIND AND LENGTH OF EXPERIENCE:

   REQUIRED CERTIFICATIONS, LICENSES AND REGISTRATIONS:

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PLEASE ATTACH AN ORGANIZATION CHART SHOWING, AT A MINIMUM, THE SUPERVISOR OF THE POSITION TO BE CLASSIFIED, OTHER POSITIONS REPORTING TO THE SAME SUPERVISOR AND THE NEXT HIGHER LEVEL OF MANAGEMENT TO WHOM THE SUPERVISOR REPORTS. THE CHART SHOULD INCLUDE THE NAMES OF INCUMBENTS AND TITLES FOR ALL POSITIONS INDICATED.

PLEASE REVIEW THIS QUESTIONNAIRE WITH THE INCUMBENT PRIOR TO REVIEW BY YOUR APPROPRIATE UNIT ADMINISTRATOR.

SIGNATURE OF SUPERVISOR:_________________________________________ DATE:________________

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COMMENTS OF UNIT ADMINISTRATOR:

SIGNATURE OF UNIT ADMINISTRATOR:_________________________________________ DATE:________________