THE UNIVERSITY OF ROCHESTER
JOB ANALYSIS QUESTIONNAIRE
(For Non-Exempt Hourly Jobs)

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 YOUR JOBS. PLEASE ANSWER THE FOLLOWING QUESTIONS DESCRIPTIVELY AND CONCISELY, UTILIZING YOUR OWN WORDS AS OPPOSED TO RETAINING WORDS ALREADY UTILIZED ON A CLASSIFICATION DESCRIPTION.

PART I - TO BE COMPLETED BY INCUMBENT

1. DESCRIPTION OF MAJOR DUTIES: (Please DESCRIBE the MAJOR DUTIES and RESPONSIBILITIES in your own words and as completely as you can. For each duty indicate the estimated PERCENTS of total time spent on each duty over a period of a week.)

   % OF TOTAL TIME SPENT ON DUTY:

   REGULAR DUTIES: (Continue on additional sheets as needed)

   ______________________________________________________________
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1A. BRIEFLY DESCRIBE PERIODIC AND OCCASIONAL DUTIES PERFORMED. INDICATE THE FREQUENCY OF EACH. (DAILY, WEEKLY, MONTHLY, ANNUALLY).

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2. FROM WHOM ARE INSTRUCTIONS RECEIVED?

HOW FREQUENTLY ARE INSTRUCTIONS RECEIVED?

IF VERBAL: ( ) DAILY ( ) WEEKLY ( ) MONTHLY
( ) OTHER [DESCRIBE]

IF WRITTEN: ( ) DAILY ( ) WEEKLY ( ) MONTHLY
( ) OTHER [DESCRIBE]

HOW IS THE WORK CHECKED OR REVIEWED?

3. DOES THIS POSITION SUPERVISE OTHERS? [CHECK ONE] YES ( ) NO ( )
(IF “YES” LIST THE NAMES AND JOB TITLES OF THOSE SUPERVISED)

NAME: TITLE:
1. ____________________________
2. ____________________________
3. ____________________________
4. ____________________________
5. ____________________________

WHAT SUPERVISORY DUTIES ARE PERFORMED? [Check If Appropriate]
ASSIGN WORK ( ) CHECK WORK ( ) CONDUCT PERFORMANCE EVALUATIONS ( )
RECOMMEND PAY CHANGES ( ) OTHER ( ) [DESCRIBE]

4. STATE THE PURPOSE AND FREQUENCY (DAILY, WEEKLY, MONTHLY) OF CONTACTS WITH:

PURPOSE: FREQUENCY:

UNIVERSITY STAFF: ____________________________

STUDENTS: ____________________________

PUBLIC: ____________________________

OTHERS: ____________________________

5. LIST THE TYPES OF EQUIPMENT AND MACHINES AND INSTRUMENTS USED IN THE WORK:

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6. DOES THE JOB REQUIRE RESPONSIBILITY FOR MATERIAL AND/OR EQUIPMENT?

[Check One] YES ( ) NO ( )

(IF “YES” DESCRIBE THE RESPONSIBILITY, AND LIST THE TYPES OF MATERIAL AND/OR EQUIPMENT)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

7. GIVE EXAMPLES OF TYPICAL DECISIONS AND JUDGMENTS MADE ON THE JOB:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

8. ARE UNUSUAL ENVIRONMENTAL CONDITIONS FREQUENTLY PRESENT IN THE WORK PLACE, SUCH AS:

NOISE ( ) DUST ( ) CHEMICALS ( ) SMOKE ( ) OIL ( )

OTHERS ( ) [DESCRIBE]_____________________________________________________

________________________________________________________________________

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 POSITIONS 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: ________________________________________________

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SIGNATURE OF UNIT ADMINISTRATOR: ___________________________ DATE: __________________________

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