



**MANAGERS/SUPERVISORS AND PROFESSIONAL POSITIONS JOB CONTENT
QUESTIONNAIRE**

| | |
|--------------------|-----------------|
| Title | Your Name |
| Name of Supervisor | Department Name |

| | |
|--------------------|------|
| Employee Signature | Date |
|--------------------|------|

Organizational Structure: Complete all unshaded boxes in the chart below using job titles only. Attach additional department or other organization charts as necessary.

Other Reporting Relationships

Start
Here

Your Job Title

New Level Job Title

Your Supervisor's Job Title:

Title of Other Jobs Reporting to Your Supervisor:

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| Subordinate Job Titles and Functions (reporting to your position) | Number FTE'S |
|---|--------------|
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| | |

Total None

Check box if you complete a performance appraisal for all subordinates

Check box if you always recommend hiring/ termination of subordinates

Number of Full-time Employees (FTE's) reporting to you through others: None

Why does your job exist? Write a one-sentence statement describing the purpose of our job and the way your job contributes to achieving your departments objectives.

Major Accountabilities: List brief statements that describe the end results of your job; how you accomplish these end results; and how these results are measured.

| % Of Time | List Accountabilities in order of importance. The total of % time should equal 100% |
|-----------|---|
| 1. ___% | |
| 2. ___% | |
| 3. ___% | |
| 4. ___% | |

| | |
|---------|--|
| 5. ___% | |
| 6. ___% | |
| 7. ___% | |
| 8. ___% | |

100 % = Total

| | |
|-------------------------------|---|
| Working Relationships: | Describe the routine contacts you need to have with other people INSIDE or OUTSIDE the organization. Explain your role; what must be accomplished; and how often. |
|-------------------------------|---|

| Contact | Reason for Contact | Frequency of Contact |
|---------|--------------------|----------------------|
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|------------------------|---|
| Freedom To Act: | Describe the types of technical, staffing & operational decisions made by your job. Describe the types of decisions referred to others and the nature and timing of supervisory review. |
|------------------------|---|

Types of decisions you make without prior approval:

Types of decisions referred to higher authority or controlled by policy:

Describe the way in which your work is assigned and reviewed, and the frequency and type of guidance provided by your supervisor.

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| Major Challenges: | Describe 2 or 3 of the most difficult problems you face in doing your job and the means by which these problems are resolved. |
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Challenge/Problem

Approach/Solution

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Does your job require you to persuade or convince people other than your supervisor or subordinates to accept your actions or recommendations? If so, give one or two typical examples.

| | |
|-------------------------------|---|
| Budget Responsibility: | Dollar amount of annual capital and operating budgets controlled by your job. |
|-------------------------------|---|

Operating Budget: \$ _____

Capital Budget: \$ _____

Your Role is to: Develop Administer Advise/ Assist

Describe any other financial impact that your job may have on the Institute.

| | |
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| Knowledge & Skills: | List the experience, education, knowledge, and skills preferred for effective functioning in this job. |
|--------------------------------|--|

Preferred Skills, Knowledge and Experience:

| Describe special technical, academic or other knowledge preferred in this job. | Describe how much and what type of additional work experience is preferred for someone of this job. |
|--|---|
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |

| | |
|----|----|
| 4. | 4. |
| 5. | 5. |

Required Education, Training, and Experience:

| List special technical, academic or other knowledge required as a minimum qualification in this job. | Describe how much and what type of additional work experience is preferred for someone of this job. |
|--|---|
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |
| 4. | 4. |
| 5. | 5. |

| Describe any license, registration, certificate or professional affiliation required to perform this job. |
|---|
| 1. |
| 2. |
| 3. |

Describe the most important work procedures, regulations, guidelines, policies, principles, etc. that you should know in order to do your job.

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| Comments? | Please state any additional comments that may be helpful in understanding this job and how it functions within the Institute as a whole. |
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| Supervisors Comments? |
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1. What do you consider the most important duty of this job?
2. What do you consider the most important qualifications of an employee in this job?

3. What has changed in your department, structure, and/or operation which has resulted in this reclassification request? (Not applicable for approved expansion positions.)

Please confirm that you have read the questionnaire, and it is an accurate description of the position at a fully competent level.

Signed: _____ **Date:** _____

Title: _____

Next Step Level Supervisors Signature: _____ **Date:** _____
(Dean, Associate Dean, AVP)

Vice Presidents Signature: _____ **Date:** _____