**

Human Resources Guide

California State University Fresno

Job Descriptions

**GUIDE FOR COMPLETING THE**

 **POSITION DESCRIPTION QUESTIONNAIRE**

**GENERAL INFORMATION**

The Classification Plan of the California State University strives to ensure that duties, responsibilities, and skill levels assigned to staff positions reflect the appropriate classification/skill level in accordance with the Classification and Qualification Standards issued by the CSU Trustees. Through the process of job analysis, all administrative, academic-related and staff positions are allocated to an appropriate classification on the basis of job content. Duties, tasks and responsibilities of a position must be clearly and accurately described, in writing, before an analysis can be conducted. The attached form is provided for this purpose. The description is completed by the employee who performs the duties. Once the employee writes the description, the manager is responsible for determining the accuracy of the information before submitting the description for review.

**The MPP designated manager/administrator is responsible for setting a position’s responsibilities and duties based on campus and/or departmental needs. An incumbent employee does not by virtue of experience, education, length of service, loyalty or seniority determine the classification title. It is the position, not the employee which is classified**.

**SUGGESTIONS FOR COMPLETING THE FORM**

* Before beginning to write, spend some time thinking about what the job entails and preparing a draft outline for reference. The most important duties may be listed first, or duties may be listed according to the time spent performing them.
* Focus attention on what is done, rather than the manner in which tasks are performed.
* Avoid the use of indefinite terms and vague expressions, or abbreviations, form numbers or phrases which have no meaning outside the immediate office or department.
* Avoid expressing conclusions or opinions about the difficulty or complexity of the work and how well it is done.

**INFORMATION FOR THE SUPERVISOR/MANAGER**

1. As the form is being completed by the employee, provide assistance as needed.
2. As the Supervisor/Manager responsible for assigning the positions responsibilities and duties, you must indicate your agreement/disagreement with the accuracy, performance or need for continued performance of the duties described by the job description and review with the employee. Any duties not assigned or approved must be reviewed and discussed with the employee and Human Resources. Your signature certifies that to the best of your knowledge, the description is complete and an accurate depiction of the current duties and responsibilities of the position. Complete items Section B.
3. Give the employee a copy of the certified description and retain a copy for your records.
4. With appropriate cover memo which provides your input, forward the position description and organization chart through the line organization for review, comment and signature. The description is then forwarded to Human Resources for review and final determination.

**Note: The collective bargaining agreements provide that employees may request a review of their positions, and that the request must be honored. Management remains responsible for ensuring that descriptions are accurate, and for correcting any inaccurate information before submitting the description to Human Resources.**

**

**POSITION DESCRIPTION QUESTIONNAIRE**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Incumbent**  |  | **ID#**  |
|  |  |  |
| **Current Classification**  |  | **Working Title (If different from Classification Title)** |
|  |  |  |
| **Name/Title of Immediate Supervisor** |  | **Name/Title of Appropriate Administrator**  |
|  |  |  |
| **Department/College** |  | **Classification requested for reclass consideration** |

**Instructions:** Thank you for taking the time to complete this position questionnaire. This questionnaire is designed to assist you in describing the duties and responsibilities assigned to your position. Your input is very important because you are the person most familiar with the position. Please be sure to provide enough information so that someone not familiar with your position can get a clear idea of what it involves. Please avoid using technical terms, acronyms, or abbreviations. Not all questions necessarily apply to all positions. If any of the questions do not apply to your position, simply write “NA” (not applicable) in response to those questions.

***NOTE: An incumbent employee does not by virtue of experience, education, length of service, loyalty or seniority determine the assigned classification. It is the position, not the employee which is classified. Classification is determined solely by the duties and responsibilities assigned or delegated by the manager/administrator to the position.***

**SECTION A: To Be Completed By the Employee**

**1.** Please provide a brief statement regarding the reasons for your request to review your position.

**2.** **POSITION SUMMARY**: Provide a short, specific statement that outlines the purpose of the job. Indicate why your position exists and what your primary responsibility is and what is accomplished.

**3.** **CHANGES IN RESPONSIBILITIES**: (Leave blank if this is first job description for this position.)

What changes have occurred in the **assigned** duties and responsibilities since this position was filled or since the position was last reviewed either by on-site audit or job description review? Be specific. If responsibilities have increased, which ones and in what way? Were new duties added; did they replace other duties? What duties have been eliminated from this position since the last review?

**TYPICAL** **PROBLEMS**: Provide up to five (5) examples of typical problems you frequently are required to resolve or provide a recommendation for their solution. Include any policies, procedures or guidelines you must review when making your decision.

**4. SUPERVISION/LEAD WORK OVERSIGHT OF OTHERS**: Indicate the name, title, and hours per week.

Name/Position Classification Hrs/week

**5. MAJOR RESPONSIBILITIES**: Provide clear, concise statements which support the major responsibilities. Clearly describe major duties and responsibilities that occupy at least 10% or more of the incumbent's time. Total may not be more than 100%. List in decreasing order from most important to least important or in order of work sequence. Use action verbs to describe what is done. **DO NOT USE "OTHER DUTIES AS ASSIGNED."**

Ideally, duties and task statements should attempt to identify the following information:

1. Employee performs what action?
2. To whom or what?
3. To produce what?
4. Using what tools, equipment, etc.?
5. With what instructions, guidelines, policies, etc.?

Task priority scale is designed to measure how important the performance of the task is and the consequence of unsatisfactory performance of the task to overall job performance. Overall job performance reflects the overall outcome, product, service, or objective of the job classification.

**Task Priority Scale:**

1 = Trivial or non-essential

2 = Important and essential task/function of the job.

3 = Crucial and essential task/function of the job.

|  |  |  |
| --- | --- | --- |
| **Examples** | **% Time** | **Task Priority** |
| 1. *Provides technical and instructional support to faculty and staff including the repair, calibration, and maintenance of equipment using tools and computer.*
 | *40%* | 3 |
| 1. *Create monthly investigation reports to comply with provisions of the University EEO Plan using a computer and Microsoft Word software as directed by the HR Director.*
 | *35%* | 2 |
| 1. *Coordinate and process purchases of materials and supplies with staff using PeopleSoft*
 | *25%* | 1 |

**RESPONSIBILITY % OF TIME TASK PRIORITY**

**6. LIST OF KNOWLEDGE, SKILLS AND ABILITIES (KSA’s) FOR EACH MAJOR RESPONSIBILITY**: Provide clear, concise statements which support the KSA’s needed to perform the major responsibilities listed above.

Definitions:

**Knowledge:** A body of information applied directly to the performance of a task, duty or function gained from instruction or learned through experience.

**Skill:** A present, observable competence to perform a learned psychomotor act. This is demonstrated by physical skills such as movement, coordination, manipulation, dexterity, grace, strength or speed; actions which demonstrate the fine or gross motor skills, such as use of precision instruments or tools, driving a car, throwing a ball, or playing a musical instrument.

**Ability:** A present observable competence to perform an observable behavior or a behavior which results in an observable product.

***Examples:***

1. *Knowledge of basic Microsoft Excel software functions to document and track training class enrollment and to create a roster.*
2. *Skill to operate construction tools and equipment in the performance of bridge and road construction.*
3. *Ability to conduct research to develop recommendations regarding grants proposal for program funding.*

**7. PURPOSE AND NATURE OF WORK RELATIONSHIPS:** Define working relationships with people on and off campus (other than supervisor or people supervised) with whom this employee interacts on a continuing basis, and how often this interaction occurs.

***Example:***

|  |  |  |
| --- | --- | --- |
| *Procurement Department* | *To solicit information in requisition process* | *Daily* |

**SECTION B: To Be Completed By Director/Department Head**

|  |  |
| --- | --- |
| **Position Description – Working Environment** | **Employee Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Check the appropriate box which most accurately describes the extent of the specific activity performed by the employee on a daily basis. If the activity is performed less than one (1) hour each day, check the N/A box. | **Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Date Prepared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**PHYSICAL EFFORT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Number of hours/day |  |  | Number of hours/day |
|  | N/A | 1-2 | 3-4 | 5-6 | 7+ |  |  | N/A | 1-2 | 3-4 | 5-6 | 7+ |
| 1. Sitting |[ ] [ ] [ ] [ ] [ ]   | 12. Lifting or carrying |[ ] [ ] [ ] [ ] [ ]
| 2. Standing |[ ] [ ] [ ] [ ] [ ]   | A. 10 lbs. or less |[ ] [ ] [ ] [ ] [ ]
| 3. Walking |[ ] [ ] [ ] [ ] [ ]   | B. 11 to 25 lbs. |[ ] [ ] [ ] [ ] [ ]
| 4. Bending Over |[ ] [ ] [ ] [ ] [ ]   | C. 26 to 50 lbs. |[ ] [ ] [ ] [ ] [ ]
| 5. Crawling |[ ] [ ] [ ] [ ] [ ]   | D. 51 to 75 lbs. |[ ] [ ] [ ] [ ] [ ]
| 6. Climbing |[ ] [ ] [ ] [ ] [ ]   | E. 76 to 100 lbs. |[ ] [ ] [ ] [ ] [ ]
| 7. Reaching overhead |[ ] [ ] [ ] [ ] [ ]   | F. Over 100 lbs. |[ ] [ ] [ ] [ ] [ ]
| 8. Crouching |[ ] [ ] [ ] [ ] [ ]   | 13. Repetitive use of hands/arms |[ ] [ ] [ ] [ ] [ ]
| 9. Kneeling |[ ] [ ] [ ] [ ] [ ]   | 14. Repetitive use of legs |[ ] [ ] [ ] [ ] [ ]
| 10. Balancing |[ ] [ ] [ ] [ ] [ ]   | 15. Eye/hand coordination |[ ] [ ] [ ] [ ] [ ]
| 11. Pushing or pulling |[ ] [ ] [ ] [ ] [ ]

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 16. Driving cars, trucks, forklifts and other equipment |[ ] [ ]
| 17. Being around scientific equipment and machinery |[ ] [ ]
| 18. Walking on uneven ground |[ ] [ ]

|  |  |  |
| --- | --- | --- |
| **MENTAL EFFORT** |  | **ENVIRONMENTAL FACTORS** |
|  | Number of hours/day |  |  | Number of hours/day |
|  | N/A | 1-2 | 3-4 | 5-6 | 7+ |  |  | N/A | 1-2 | 3-4 | 5-6 | 7+ |
| 1. Directing Others |[ ] [ ] [ ] [ ] [ ]   | 1. Inside |[ ] [ ] [ ] [ ] [ ]
| 2. Writing |[ ] [ ] [ ] [ ] [ ]   | 2. Outside |[ ] [ ] [ ] [ ] [ ]
| 3. Using math/calculations |[ ] [ ] [ ] [ ] [ ]   | 3. Humid |[ ] [ ] [ ] [ ] [ ]
| 4. Talking |[ ] [ ] [ ] [ ] [ ]   | 4. Hazards |[ ] [ ] [ ] [ ] [ ]
| 5. Working at various tempos |[ ] [ ] [ ] [ ] [ ]   | 5. High places |[ ] [ ] [ ] [ ] [ ]
| 6. Concentrating amid distractions |[ ] [ ] [ ] [ ] [ ]   | 6. Hot |[ ] [ ] [ ] [ ] [ ]
| 7. Remembering names |[ ] [ ] [ ] [ ] [ ]   | 7. Cold |[ ] [ ] [ ] [ ] [ ]
| 8. Remembering details |[ ] [ ] [ ] [ ] [ ]   | 8. Dry |[ ] [ ] [ ] [ ] [ ]
| 9. Making decisions |[ ] [ ] [ ] [ ] [ ]   | 9. Wet |[ ] [ ] [ ] [ ] [ ]
| 10. Working rapidly |[ ] [ ] [ ] [ ] [ ]   | 10. Change of temp |[ ] [ ] [ ] [ ] [ ]
| 11. Examining/observing details |[ ] [ ] [ ] [ ] [ ]   | 11. Dirty |[ ] [ ] [ ] [ ] [ ]
| 12. Discriminating colors |[ ] [ ] [ ] [ ] [ ]   | 12. Dusty |[ ] [ ] [ ] [ ] [ ]
|  |  |  |  |  |  |  | 13. Odors |[ ] [ ] [ ] [ ] [ ]
|  |  |  |  |  |  |  | 14. Noisy |[ ] [ ] [ ] [ ] [ ]
|  |  |  |  |  |  |  | 15. Working With others |[ ] [ ] [ ] [ ] [ ]
|  |  |  |  |  |  |  | 16. Working around others |[ ] [ ] [ ] [ ] [ ]
|  |  |  |  |  |  |  | 17. Working alone |[ ] [ ] [ ] [ ] [ ]

**SIGNATURES**

My signature denotes that I have reviewed the duties, responsibilities, and functions outlined on this job description form. Any concerns regarding the employee performing work not assigned by the immediate supervisor/manager must be reviewed with the employee and/or Human Resources. This position description questionnaire is intended to describe the general content and essential requirements for the position listed above. It is not an exhaustive statement of duties. Management reserves the right to add or change the duties of this position as required at any time.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Incumbent** |  | **Date** |
|  |  |  |
| **Supervisor** |  | **Date** |
|  |  |  |
| **Dean/Department Head/Director** |  | **Date** |
|  |  |  |
| **Appropriate Administrator (if different from above)** |  | **Date** |
|  |  |  |
| **Vice President** |  | **Date** |

**NOTE:**

* **Please attach a current, accurate department organizational chart.**
* The request for a review can be submitted by the employee, the manager, or the department chair. Employee initiated classification review requests must be submitted to the employee’s immediate supervisor (appropriate administrator) before being forwarded to Human Resources.
* Employees shall not submit such a subsequent request prior to 12-months after completion of a previous classification review. Once requested, the review must be completed within 180 days from the date received by Human Resources.