

The University of Akron  
**Position Description/Audit Questionnaire**

| <i>For HR Use Only</i>       |                          |
|------------------------------|--------------------------|
| Job Func: CP STA             | Reg Temp FT PT           |
| Job Fam: IPS APS Unc Cla Brg | Current Salary: \$ _____ |
| FLSA: E NE Pos #: _____      | Date of last audit _____ |

**I. GENERAL INFORMATION**

| Employee Name          |           |       |
|------------------------|-----------|-------|
| Department             | Ext.      | Zip+4 |
| Current Job Title Data |           |       |
| Job Code               | Job Title | Grade |

| Check one:   |           |       |
|--|-----------|-------|
| <input type="checkbox"/> Request audit to an existing job title <i>(For an approved Job Title listing, refer to Human Resources website)</i> |           |       |
| <input type="checkbox"/> Request analysis of new job or analysis of current job title and grade*   |           |       |
| Proposed Job Title Data  |           |       |
| Job Code   | Job Title | Grade |

|                               |              |
|-------------------------------|--------------|
| <b>Supervisor Name:</b> _____ |              |
| Title: _____                  |              |
| Department: _____             |              |
| Ext. _____                    | Zip+4: _____ |

|   |              |
|---|--------------|
| <b>Supervisor's Manager's Name:</b> _____ |              |
| Title: _____                              |              |
| Department: _____                         |              |
| Ext. _____                                | Zip+4: _____ |

|                            |        |
|----------------------------|--------|
| <b>Dean/Director Name:</b> | Zip+4: |
|----------------------------|--------|

|                             |        |
|-----------------------------|--------|
| <b>Vice President Name:</b> | Zip+4: |
|-----------------------------|--------|

**\*Note** --New job titles or revised job titles and grades require Board of Trustees approval, University rule update, and filing with the State prior to use. New job titles or revised job titles/grades will be effective the next pay period following BOT approval of the revised rules.

**REASON FOR AUDIT REQUEST**

*(Complete this section for "filled" positions only.)*

How have the position responsibilities changed? Refer to your current Position Description/Audit Questionnaire. If not available, contact Human Resources for a copy.

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What additional duties have been assigned? Please note, more of the same type of duties currently being performed DOES NOT qualify as additional assigned duties (i.e., typing for additional faculty members, advising additional students.)

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Why were the additional duties assigned?

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Who authorized this assignment of additional duties? \_\_\_\_\_

When did this new assignment begin? \_\_\_\_\_

F. Are these additional duties:     Temporary    or     Permanent

Are you still performing the duties that you performed prior to being assigned these additional duties?  YES     NO    If no, please explain.

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**III. DUTIES AND RESPONSIBILITIES**

**Directions:**

Describe *in your own words* the duties and responsibilities you are currently performing on a regular basis and indicate the following:

**Essential Functions** – Indicate with and **(E)** next to duties that are fundamental in performing your work.

**Marginal Functions** – Indicate with an **(M)** next to duties that could be performed by others without altering the underlying reason that your position exists.

**Percentage of Time** – Indicate next to each duty the average percentage of time spent performing each individual job duty. *Percentage for all duties must equal 100%*

*Please note: Any PDAQ forms received that list duties copied from a Classification Specification will be returned as incomplete.*

| <b>(E)ssential/<br/>(M)arginal</b> | <b>% of<br/>Time</b> | <b>Duties and Responsibilities</b>                 |
|------------------------------------|----------------------|--|
|                                    |                      |  |
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|                                    |                      |  |
|                                    | <b>100%</b>          | <b>Total of all percentages should equal 100%.</b> |

**IV. JOB SUMMARY**

In the space provided below, briefly explain in two or three sentences the general purpose of your position.

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**V. EDUCATION:**

Indicate the minimum education required.

H.S. Diploma/G.E.D.

Masters Degree

Vocational/Technical School

Other Degree above Masters level (*specify*)

Associate Degree

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BA/BS Degree

Doctoral Education Program

Describe the field of study, if any, required (e.g., Masters in Psychology or Bachelors in Accounting).

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II. What licenses or certifications, if any, are required to qualify for the position?

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A. What other knowledge, skills, or abilities are required in order to perform the duties of this position (e.g. tools, equipment, hardware or software)?

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**VI. EXPERIENCE:**

Indicate the minimum years of experience required.

- |  |  |
|--|--|
| <input type="checkbox"/> No experience or up to 6 months     | <input type="checkbox"/> Over 6 months and up to twelve months     |
| <input type="checkbox"/> Over 1 and up to 2 years experience | <input type="checkbox"/> Over 2 years and up to 4 years experience |
| <input type="checkbox"/> Over 4 and up to 6 years experience | <input type="checkbox"/> More than 6 years experience              |

Describe the type of experience needed.

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- Learning Period: After being hired or moved into this position, how much on-the-job training and experience is required for a new employee to learn all major duties and be able to do them well?

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Up to 6 months | <input type="checkbox"/> 6 months to 1 year | <input type="checkbox"/> 1 year up to 2 years |
|---|---|---|

**VII. COMPLEXITY AND CREATIVITY**

This question addresses the degree of problem solving required, the types of problems encountered and how these problems are solved. It also addresses the degree of original thinking required to perform a job that is creative or artistic in nature.

In your response, please give one or two examples of the more difficult and complex tasks/projects/problems that you have handled in the past twelve months. Consider the amount of judgment and thought required and the availability of policies, procedures and standards to guide you in solving problems. Also consider the degree to which creative thinking is required to organize or develop new or improved methods, ideas, procedures or techniques.

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**VIII. IMPACT ON INSTITUTIONAL MISSION**

Check one box that best describes the impact on the institution from actions performed then explain in the space provided below.

- Actions are typically related to a specific function and have minimal consequences on the activities within a single work unit.
- Actions may affect a single department or program. Actions are generally related to regular work functions and have short-term consequences.
- Actions may affect more than one department or program. Actions are generally related to application of standard policies or job procedures and have short or long-term consequences.
- Actions may affect a college, major division or broad range of departments and programs. Actions are generally related to policy interpretation or complex systems applications and have short- or long-term consequences.
- Actions often affect more than one college or division. Actions are generally related to policy formulation, objective setting or complex systems designs and have long-term consequences.

Please explain your choice.

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Check one box that best describes the corrective action that would be taken as a result of an error made by someone in this position who did not possess good job knowledge or use sound judgment.

- Correction of errors can be resolved by immediate supervisor.
- Correction of errors is handled by managerial level personnel.
- Correction of errors may require the intervention of director-level personnel.
- Correction of error often requires the intervention of VP level personnel.
- Correction of error is difficult; often requiring intervention of President.

**Type of Guidance and Review**

How much freedom do you have to choose the way in which you perform an assignment or duty?

- Task to task       Partial       Total

How frequently do you receive direction in the performance of your duties? (Include in this answer all kinds of direction, including assignment of projects or tasks.) Check one.

| Hour to Hour | Several times a day | Daily | 2-3 times per week | Weekly | Less than Weekly |
|--------------|---------------------|-------|--------------------|--------|------------------|
|              |                     |       |                    |        |                  |

**VIII. IMPACT ON INSTITUTIONAL MISSION (Cont'd)**

How frequently are the results of your work normally reviewed? (Include in this answer all types of review, whether explicit or implicit.) Check one.

| Hour to Hour | Several times a day | Daily | 2-3 times per week | Weekly | Less than Weekly |
|--------------|---------------------|-------|--------------------|--------|------------------|
|              |                     |       |                    |        |                  |

On a regular and recurring basis do you: (Check all that apply.)

Make major non-routine decisions without reviewing the decisions with your supervisor. Provide example:

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Attend on/off campus meetings representing your supervisor and assume the same authority as your supervisor. Provide example:

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Prepare non-routine correspondence with your supervisor's signature without reviewing the document with your supervisor. Provide example:

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Contact deans, directors, and department heads concerning non-routine matters before reviewing such contacts with your supervisor. Provide example:

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Authorized to be the final approval (signature) for all department purchases. (i.e., office furniture, computers, supplies)

In what ways, if any, are you responsible for managing Operating and/or Capital budgets?

- No budget responsibility.
- Obtain information from others and/or type budget document.
- Develop budget recommendations and written narrative.
- Final review and approve budget.
- Approve budget requests for other departments.
- Total departmental/college budget responsibility.

Describe the departmental policies and procedures, or formalized regulations that guide the actions in this position (e.g., policies or procedures for handling an overdue account or dealing with a student's complaint).

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**IX. INTERNAL AND EXTERNAL CONTACTS**

These questions address the responsibility for working with or through other people inside and outside the University to effectively accomplish results. Consideration should be given to the nature of contact and level of interactions encountered on a regular, recurring, and essential basis during operations.

1. With whom do you regularly communicate inside the University in order to perform your duties (e.g., support staff, faculty members, department heads, Deans, VP, Board Members, etc.)? What do you normally communicate about with these individuals? How often do you communicate (daily, weekly, monthly, etc.)? List only those contacts outside your immediate work area.

| <u>Who</u> | <u>Communicate About What</u> | <u>How Often</u> |
|------------|-------------------------------|------------------|
| _____      | _____                         | _____            |
| _____      | _____                         | _____            |
| _____      | _____                         | _____            |
| _____      | _____                         | _____            |
| _____      | _____                         | _____            |
| _____      | _____                         | _____            |

1. With whom do you regularly communicate outside the University, if anyone, (e.g., students, media, major donors, governmental agencies, etc.)? What do you normally communicate about? How often do you communicate (daily, weekly, monthly, etc.)?

| <u>Who</u> | <u>Communicate About What</u> | <u>How Often</u> |
|------------|-------------------------------|------------------|
| _____      | _____                         | _____            |
| _____      | _____                         | _____            |
| _____      | _____                         | _____            |
| _____      | _____                         | _____            |
| _____      | _____                         | _____            |
| _____      | _____                         | _____            |

**X. LEADERSHIP:** Indicate the level of supervisory authority.

No authority or responsibility for the supervision of others, for project direction and/or program administration.

Responsible for directing and monitoring the work of students, graduate assistants, and/or temporary workers.

# of Students \_\_\_\_\_ # of Graduate Assistants \_\_\_\_\_ # of Temporary Workers \_\_\_\_\_

Functional guidance over nonexempt staff including general scheduling, assigning tasks and monitoring work activities.

Direct supervision and evaluation of work as a first-line supervisor over nonexempt staff including hiring, terminating, disciplining, appraising performance, recommending such actions; or functional guidance and/or project leadership over exempt staff engaged in activities of a recurring basis.

# of Nonexempt Staff \_\_\_\_\_ Job Titles: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Direct supervision as a first-line supervisor over exempt staff (and nonexempt staff, if applicable).

# of Employees \_\_\_\_\_ Job Titles: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Management of the operation of a unit or major function with activities typically coordinated through administrative personnel above the level of first-line supervisors or through persons having mid-to-upper-level management or professional responsibility.

Direction and total responsibility for the operations of a department or large program. Typically reports to the head of the division with all management and/or administrative/professional personnel normally reporting to this position for operational coordination.

**Note:**

*Non-exempt* = classified, unclassified and bargaining unit employees paid on an hourly basis, completes a weekly time record, paid only for hours worked and subject to overtime payment.

*Exempt* = all Contract Professional staff, unclassified exempt and classified exempt staff employees paid on either a fixed monthly or fixed bi-weekly rate. Employees not subject to overtime provisions and do not complete a weekly time record.

**XI. PHYSICAL DEMANDS**

This section addresses the physical demands of the position as measured by the amount of physical effort required to perform the work as determined by stress placed on the skeletal, muscular and/or cardiovascular systems.

From the list of descriptions below, check the box that best describes the physical requirements of the position.

- Job is physically comfortable; individual is normally seated and has discretion about walking, standing, etc. May occasionally lift very lightweight objects.
- Light physical effort required involving stooping and bending; or individual has limited discretion about walking, standing, etc. (i.e. Receptionist); occasional lifting of lightweight objects (up to 25 pounds).
- Moderate physical effort required involving long periods of standing, walking on rough surfaces, bending and/or stooping; periodic lifting of moderately heavy items (over 25 pounds and up to 50 pounds).
- Considerable physical exertion required involving bending, stooping, crawling, climbing, lifting or carrying heavy items (over 50 and up to 75 pounds) and periodically (i.e., up to 1/3 of the time) working in difficult or awkward positions.
- Extremely strenuous, with frequent physical exertion such as the lifting of very heavy items (more than 75 pounds), deep bending, crawling, climbing and/or working in difficult or cramped positions for extended periods (i.e., more than 1/3 of the time).

**XII. WORKING CONDITIONS**

This section considers the quality of working conditions as measured by lighting adequacy, temperature extremes and variations, noise pollution, exposure to fumes, chemicals, radiation, contagious diseases, heights and/or other related hazardous conditions.

From the list of working condition descriptions below, check all boxes that apply. Then estimate the extent of time that the conditions exist.

- Work Indoors ( \_\_\_\_\_ % of time)
- Work Outdoors ( \_\_\_\_\_ % of time)
- Frequent use of Video display terminal (Up to 40% of work day)
- Near continuous use of Video display terminal (Greater than 70% of work day)
- Drive a vehicle 50% or more during work day

**XII. WORKING CONDITIONS (Cont'd)**

Check all that apply. Then check the level of frequency that most closely matches.

|   | Not applicable or<br>minor<br>inconveniences | Occasional<br>exposure to<br>moderate levels | Frequent or<br>prolonged<br>exposure to<br>extreme levels |
|---|--|--|---|
| <input type="checkbox"/> Working condition discomforts due to heat, cold, poor ventilation, dust, fumes | <input type="checkbox"/>                     | <input type="checkbox"/>                     | <input type="checkbox"/>                                  |
| <input type="checkbox"/> Noise (Employee must shout to be heard)  | <input type="checkbox"/>                     | <input type="checkbox"/>                     | <input type="checkbox"/>                                  |
| <input type="checkbox"/> Moisture/Wetness (i.e. tunnels, outdoor work)                                  | <input type="checkbox"/>                     | <input type="checkbox"/>                     | <input type="checkbox"/>                                  |
| <input type="checkbox"/> Toxic Chemical Substances  | <input type="checkbox"/>                     | <input type="checkbox"/>                     | <input type="checkbox"/>                                  |
| <input type="checkbox"/> Radiation Exposure   | <input type="checkbox"/>                     | <input type="checkbox"/>                     | <input type="checkbox"/>                                  |
| <input type="checkbox"/> Contagious Diseases  | <input type="checkbox"/>                     | <input type="checkbox"/>                     | <input type="checkbox"/>                                  |
| <input type="checkbox"/> Heights (i.e. scaffolds, ladders)  | <input type="checkbox"/>                     | <input type="checkbox"/>                     | <input type="checkbox"/>                                  |
| <input type="checkbox"/> Moving Mechanical Parts  | <input type="checkbox"/>                     | <input type="checkbox"/>                     | <input type="checkbox"/>                                  |
| <input type="checkbox"/> Electrical Hazards   | <input type="checkbox"/>                     | <input type="checkbox"/>                     | <input type="checkbox"/>                                  |
| <input type="checkbox"/> Other (List below)   | <input type="checkbox"/>                     | <input type="checkbox"/>                     | <input type="checkbox"/>                                  |
| _____   | <input type="checkbox"/>                     | <input type="checkbox"/>                     | <input type="checkbox"/>                                  |
| _____   | <input type="checkbox"/>                     | <input type="checkbox"/>                     | <input type="checkbox"/>                                  |
| _____   | <input type="checkbox"/>                     | <input type="checkbox"/>                     | <input type="checkbox"/>                                  |
| _____   | <input type="checkbox"/>                     | <input type="checkbox"/>                     | <input type="checkbox"/>                                  |
| _____   | <input type="checkbox"/>                     | <input type="checkbox"/>                     | <input type="checkbox"/>                                  |

Please further explain any items checked above.

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**XIII. DEPARTMENTAL ORGANIZATIONAL CHART**

**Attach a current Departmental Organizational Chart with your position highlighted.**

**XIV. EMPLOYEE GENERAL COMMENTS**

Because no single questionnaire can cover every part of your position, can you think of any other information that would be important in understanding your job? If so, please give us your comments below. Attach an additional page for comments, if needed.

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**My signature on this document attests that: To the best of my knowledge this job description accurately reflects the duties I am performing. I acknowledge that this position audit may result in a higher or lower classification; lateral change in grade; or no reclassification. I understand that should a reclassification of my position be deemed appropriate, such reclassification shall be effective on this first day of the pay period immediately following the review and completion of the position audit by Human Resources.**

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

**XV. IMMEDIATE SUPERVISOR COMMENT SECTION**

This portion of the questionnaire is to be completed by the employee's immediate supervisor. The space provided below is for general remarks you may have. Attach an additional page if needed.

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**The undersigned have met and reviewed this description and agree that the answers are an accurate description of the current duties of the incumbent.**

|                      |      |                                |      |
|----------------------|------|--------------------------------|------|
| Employee's Signature | Date | Immediate Supervisor Signature | Date |
|----------------------|------|--------------------------------|------|

**XVI. SECOND LEVEL SUPERVISOR COMMENT SECTION**

This portion of the questionnaire is to be completed by the appropriate level of management above the employee's immediate supervisor. The space provided below is for general remarks you may have. Attach an additional page if needed.

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|-----------------------------------|------|
| Second Level Supervisor Signature | Date |
|-----------------------------------|------|