

# BOWLING GREEN STATE UNIVERSITY

## Job Analysis Questionnaire

### A. Instructions

The purpose of this questionnaire is to gather information about your position, its responsibilities and required duties, as defined by supervisor/department, and educational/experience requirements. If you have occupied the position for less than six months, it is recommended that you work with your supervisor to complete the questionnaire.

1. Incumbent is defined as the employee currently in a position performing the required duties and responsibilities. If there is no incumbent in the position, it is vacant.
2. Please complete sections B through H.
3. Be objective and accurate in your answers.
4. Consider your normal day-to-day responsibilities. Any duties performed on a monthly or annual basis should be included and accurately represented in Section D.
5. Describe the position as it is being performed today, not as it might be in the future or as you think it should be.
6. Answer all questions completely. An explanation must accompany any question that is determined to be non-applicable.
7. Before forwarding the questionnaire to your supervisor:
  - A. Retain a copy of the completed questionnaire for your records
  - B. Date that you forwarded the completed questionnaire to your supervisor

### B. Position Identification

Incumbent Name:

Vacant:

Job Title

Department:

Is Position Full Time

If Part Time, the Full Time Equivalent (FTE)

Or Part Time

*(must not be greater than .6 FTE or 24 hours a week)*

Supervisor's Name:

Supervisor's Title:

To be filled in by HR

Position #:

Job Code #:

Date Received:

**C. Summary Statement**

Briefly describe the position's primary purpose in two or three sentences.

**D. Essential Duties and Responsibilities**

List the position's essential or most important functions and responsibilities. List all important aspects of the position (including those performed daily, weekly, monthly, or annually) and any that occur on a cyclical basis. Indicate the approximate percentage of time spent performing each function on an annualized basis. For example, if you perform a duty full-time one month out of twelve, you spend approximately 8% (1/12) of your time on that function. Describe only those duties that occupy at least 5% of your time. Example duty statements are provided below.

<u>Sample Essential Duties and Responsibilities</u>	<u>% of Time</u>
1. Recruits prospective students from local area high schools.	45%
2. Counsels students and parents regarding the admissions process.	25%
3. Makes presentations to student groups.	20%
4. Maintains prospective student contact database.	<u>10%</u>
	<b>100%</b>

1.		
2.		
3.		
4.		
5.		
6.		%
7.		%
8.		%
9.		%
Total of all percentages should equal 100%		<b>100%</b>

**E. Decision Making and Consequence of Action**

- Describe two of the **most important** problems you encounter that you have to evaluate and solve when performing your job. Indicate how you evaluate/solve the problems as well as the guidance (e.g., instructions, procedures, precedents, policies, etc.) available to help you solve them.

**Problem #1:**

**How you evaluate/solve problem #1:**

**Help or guidance available:**

**Problem #2:**

**How you evaluate/solve problem #2:**

**Help or guidance available:**

- Identify two types of decisions you **routinely make without review or input from your supervisor**. Check the frequency (daily, weekly, monthly) that you make this decision (check one frequency per decision).

**Example:**

I routinely decide which donors to contact for fund solicitation.	Daily <input checked="" type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>
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I routinely decide	Daily <input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>
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I routinely decide	Daily <input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>
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3. Describe the types of consequences, positive and/or negative, that would result from decisions you make during the normal course of operations. Please describe a situation that is common rather than an event that would be unlikely to occur. When describing the situation, you should assume that any negative consequence is not due to negligence or sabotage.
  
4. Identify who the above consequences would impact (check all that apply).
  - Students
  - Faculty
  - Staff
  - Community
  
5. How do the actions of your position affect the University (check the most broad category that applies)?
  - May affect a single work unit
  - May affect a single department or program
  - May affect more than one department, program, and/or school
  - May affect a major division or broad range of departments and programs and/or have a moderate impact on students
  - May affect more than one campus, multiple divisions, or the entire university and/or have a major impact on students

**F. Communications and Contacts**

1. With whom do you regularly (i.e., daily, weekly, monthly) communicate **inside** the University (i.e., faculty members, administrative/professional staff, managers, deans, etc.) in order to perform your duties? What do you typically communicate about with the individuals and how often? What is the method of communication (i.e., email, phone, in person)?

Please list contacts by title or job group rather than by employee name. Students are considered external and should be listed in your answer to Question 2 if applicable.

Contact Job Title/Group	Communicate About What	How Often	Method of Communication

2. With whom do you regularly (i.e., daily, weekly, monthly) communicate **outside** the University (i.e., donors, alumni, prospective students/students/families, vendors, governmental agencies, etc.) in order to perform your duties? What do you typically communicate about with the individuals and how often? What is the method of communication (i.e., email, phone, in person)?

Contact Job Title/Group	Communicate About What	How Often	Method of Communication

**G. Supervision and Reporting Relationships**

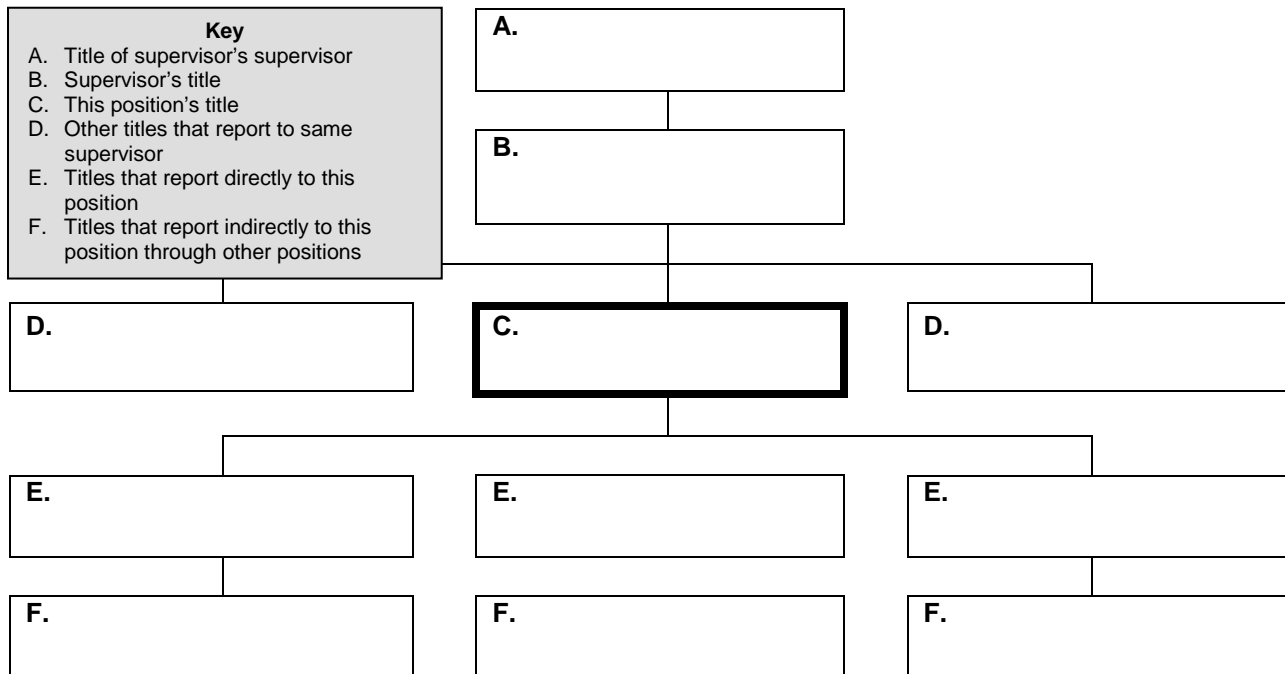
1. Check the appropriate box that best describes your leadership responsibilities (check only one category).

- No responsibility for overseeing or supervising the work of others
- Responsible for supervising and monitoring the work of students and/or temporary workers; or occasional responsibility for overseeing the work of staff employees where guidance and direction is provided on project related tasks or special assignments from time to time
- Responsible for serving in a lead capacity over assigned staff employees which typically involves scheduling, assigning tasks, providing guidance, and monitoring work output
- Responsible for directly supervising staff employees which typically includes authority for evaluating performance, hiring, and disciplining or having strong input into such personnel actions
- Responsible for managing the operation of a unit, section, or major function. Typically directs the activities of supervisory personnel and oversees the work of others who do not directly report to the position (e.g., managers, assistant directors and associate directors are common positions that may fall at this level)
- Responsible for directing the operations of a department, school, or large complex program. Typically reports to the head of the division with all management and/or professional personnel normally reporting to this position, or through other personnel to this position, for operational coordination (e.g., directors/department heads and deans are common positions that may fall at this level)

2. If you lead or directly supervise students or staff, identify the nature of work performed by those you lead/supervise (check all that apply).

- Students, temporary workers, office/clerical, maintenance and/or service support staff
- Paraprofessional and/or technical support staff
- Administrative (non-supervisory) staff
- Supervisory and/or managerial staff

3. In the organizational chart below, indicate the reporting lines by completing the boxes with the appropriate titles based on the key. Please include any vacant positions as they relate to your position. List job titles only, not employee names.



**H. Comments from Incumbent**

Provide any other information that might be important in understanding your duties and responsibilities.

Typing your name below indicates that to your knowledge, the information you have provided is accurate pertaining to your current position.

**Incumbent's Signature (please type name for signature):** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Sections I-K should be completed by the incumbent's supervisor.****I. Autonomy**

1. Check the box beside the statement that best captures the degree of independence under which this position operates.
  - Under moderate supervision, performs recurring assignments by selecting appropriate standard procedures and using previous training. Employee refers problems to supervisor. Supervisor defines tasks, priorities, deadlines, and expectations. Work is reviewed regularly for progress towards completion of tasks.
  - Under limited supervision, resolves problems and deviations according to established instructions, policies, previous training, and accepted practices. Employee may solve some unusual situations independently. Supervisor defines objectives, priorities, and deadlines. Work is reviewed periodically for completeness, soundness, and conformity to requirements.
  - Under general supervision, identifies and resolves complex problems and issues. May deviate from traditional procedures in solving problems. Employee participates in setting work objectives and deadlines. Work is evaluated periodically for effectiveness in meeting objectives and short-term results but not on procedures used to accomplish results.
  - Under broad administrative guidance, recommends goals and objectives for functional area(s). Employee designs and implements projects, programs, and studies for a major unit, section, or department. Objectives are mutually defined. Work is evaluated periodically for intermediate-term results.
  - Under limited oversight, recommends policies and strategic goals, manages, and assumes risk for a major area. Has authority to alter business goals. Work is evaluated periodically for long-term results.
  
2. Provide optional comments, if desired, to clarify this position's level of autonomy.

**J. Minimum Requirements**

1. Indicate the minimum combination of education and experience that is required to satisfactorily perform the functions of the position. Indicate the minimum qualifications and not the preferred or desired qualifications. Qualifications should reflect those required by the job and not necessarily those possessed by the incumbent. Experience and education may be substituted for some jobs.

Level of Knowledge	Amount of Related Work Experience
<input type="checkbox"/> High school diploma	<input type="checkbox"/> Less than one year
<input type="checkbox"/> Associate's degree or up to 2 years of college or technical school	<input type="checkbox"/> 1 to 2 years
<input type="checkbox"/> Bachelor's degree (4 years)	<input type="checkbox"/> 3 to 4 years
<input type="checkbox"/> Master's degree or Bachelor's degree (5 years) or advanced certification beyond Bachelor's degree	<input type="checkbox"/> 5 to 7 years
<input type="checkbox"/> Doctoral degree (Ph.D., J.D., Ed.D.)	<input type="checkbox"/> 8 or more years

2. If a degree is required (Associate through Doctoral), indicate the appropriate field(s) of study.

3. List type and amount of experience required (i.e., 2 years of event planning, 1 year of supervisory responsibility, 1 year of management responsibility).

Required:  
Preferred:

4. If applicable, indicate any licenses, certifications, or registrations that are required to qualify for this position.

5. List any knowledge, skills or abilities that are important for this position as well as the type of experience, if any, that would be the most beneficial.



### K. Supervisor's Comments

1. Review Sections B – H of the questionnaire completed by the incumbent. Provide any comments that would be helpful in understanding the position or any discrepancies that could not be resolved through discussion with the incumbent.
  
2. Do you consider this position to be comparable to other jobs in your area in terms of responsibility, complexity, impact, and skill? If yes, indicate the job(s).

Yes       No

Typing your name below indicates that to your knowledge, the information provided is accurate pertaining to this position and **that you have discussed any areas where you have differences of opinion or understanding with the incumbent.**

**Supervisor's Signature (please type name for signature):** \_\_\_\_\_

**Supervisor's Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Section L should be completed by the individual designated for final review.**

### L. Second Level Management's Comments

1. Considering other jobs in the division, department, or unit, indicate any that are comparable to this position in complexity, responsibility, impact, and skill.
  
2. Provide any other comments that would be helpful in understanding this position.

Typing your name below indicates that to your knowledge, the information provided is accurate pertaining to this position and **that you have discussed any areas where you have differences of opinion or understanding with the incumbent.**

**Second Level Management's Signature (please type name for signature):** \_\_\_\_\_

*If Vice President/President, review or signature is optional*

**Second Level Management's Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Bowling Green State University  
Office of Human Resources**

**PHYSICAL AND ENVIRONMENTAL JOB REQUIREMENTS ANALYSIS**

**Purpose of Questionnaire**

This questionnaire has been designed to gather information about the essential physical and mental requirements of your position. The information will assist in determining if reasonable accommodations can be made for those with physical and/or mental disabilities. Your accurate and prompt response is appreciated.

Name \_\_\_\_\_ Department \_\_\_\_\_

Title/Classification \_\_\_\_\_

**Communications**

In what form are assignments given to you (e.g. penciled lay-out, rough drafts, oral, etc.)?

**Checking Your Work**

Explain in what way and how often your work is reviewed by your supervisor.

**Physical Requirements**

What percentage of time do you spend in the following working positions (estimate)?

\_\_\_\_\_ % Standing          \_\_\_\_\_ % Sitting          \_\_\_\_\_ % Walking

Please respond to the following by placing an "X" in the appropriate column. On the job, the employee lifts, pushes, pulls, or carries:

	<u>Almost Never</u>	<u>Occasionally (Once Per Month)</u>	<u>Frequently (2-3 Times Per Week)</u>	<u>Daily</u>
Up to 10 lbs.	_____	_____	_____	_____
11 to 24 lbs.	_____	_____	_____	_____
25 to 34 lbs.	_____	_____	_____	_____
35 to 50 lbs.	_____	_____	_____	_____
51 to 74 lbs.	_____	_____	_____	_____
75 to 100 lbs.	_____	_____	_____	_____
Over 100 lbs.	_____	_____	_____	_____

Examples of objects lifted, pushed, pulled or carried and approximate weights.

What percentage of the working day do you actually spend lifting and/or carrying this weight (estimate)?

Are there any special physical skills, hearing, speaking, eye-hand coordination, and manual dexterity skills required on your job (e.g., telephone, keyboarding)? Please explain in detail.

### Cognitive or Mental Requirements

Does the job require any of the following on a daily basis? (Check and describe as applicable.)

- \_\_\_\_\_ Reading                      \_\_\_\_\_ Writing                      \_\_\_\_\_ Simple Arithmetic
- \_\_\_\_\_ Weighing and/or measuring
- \_\_\_\_\_ Drawing conclusions from written or computer generated materials
- \_\_\_\_\_ Analyzing data or report information
- \_\_\_\_\_ Creating methodologies for accomplishing a goal
- \_\_\_\_\_ Implementing recommendations by coordinating persons and/or other resources
- \_\_\_\_\_ Developing plans, procedures, goals, strategies or processes based on data analysis or experience.
- \_\_\_\_\_ Directing activities of others to accomplish a goal
- \_\_\_\_\_ Evaluating performance of others

### **Working Environment**

Describe any conditions present in the location and nature of your work, such as noise, heat, dust, fumes, etc.

What access is there to the work area? \_\_\_\_\_ Stairs \_\_\_\_\_ Elevator

What floor is it on? \_\_\_\_\_

Describe the dangers or accident hazards present in your job.

I certify to the best of my knowledge that the information contained in this questionnaire is accurate and reflective of my job.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

***THANK YOU FOR TAKING TIME TO COMPLETE THIS QUESTIONNAIRE***