

JOB FACT SHEET

This questionnaire asks you about your job--what you do. It is not concerned with your performance on the job. Please take time (we estimate about one hour) to complete it accurately. Attach extra pages or examples if necessary. When you have finished, give it to your immediate supervisor. Your supervisor will review it with you. Each of you sign it when you are satisfied with it. Then return one legible copy as directed.

1. POSITION IDENTIFICATION

Organization	Lakehead University	Division or Department	_
Campus:			
Name.	Position Title.	Title of Immediate Superior.	
Branch or Section.	Location.	Date	
Approval Signatures			
(Employee)	(Supervisor)	(Manager)	

2. JOB DESCRIPTION

Consider the major activities or responsibilities you undertake (usually 3 to 6 of them). Describe each of them, by a phrase, at the top of each box. Estimate (to the nearest 5%) the percentage of time per year you spend on each. Then describe each activity using details or examples.

Activity A: **(%)**

Activity B: **(%)**

Activity C:

(%)

Activity D:

(%)

Activity E:

(%)

3. EDUCATION (Certification if applicable)

- (a) What should be the minimum schooling or certification (if applicable) for a new person being hired into this job?

- (b) Is any Provincial or other vocational professional certification or degree: Mandatory Preferred Please Specify: or

- (c) What special skills or training are needed to perform job or operate equipment? (Specify equipment operated.)

4. EXPERIENCE

How much concentrated, "on-the-job" learning time should be required for a new person with education as in 3 to achieve competence on this job?

About:	1 month	3 months	6 months	1 year	2 years
	3 years	5 years	7 Years	More	10 years

5. INITIATIVE (INDEPENDENCE OF ACTION)

(a) List 3 decisions you make or duties you perform without reference to superiors or subsequent checks. a superior.	(b) List 3 decisions on which you seek consultation with, or approval from
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- | | |
|----|----|
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |

(c) What guidelines, procedures, manuals, etc. are available to guide your decision-making and actions?

(d) State any financial responsibilities (and amounts) your job involves, e.g. budget, sales, revenues

6. IMPACT OF ERRORS

Describe 2 typical major errors that could **reasonably** be made in your job, even with due care. Indicate the worst consequences, e.g. waste, delays, time lost, money lost, injury, damage, effect on people.

- 1.
- 2.
- 3.

7. WORKING WITH OTHERS (Excluding those supervised - see 9)

With whom are you required to work in doing your job? Use titles. (In Person; Telephone; Writing.)

People Contacted	How Often	Purpose
Within Organization		
Outside Organization		

8. SUPERVISION OR DIRECTION EXERCISED

Name any jobs or work group you supervise under one or more of these categories:

- (a) Assign and check work of others doing work similar to yours.
- (b) Provide technical or functional guidance to other staff
- (c) Supervise a work group; assign work to be done, methods to be used, and take responsibility for all the work of the group.
- (d) Manage the work, practices and procedures of a unit. Responsible for appraisal, discipline, hiring and replacing personnel.
- (e) Other (specify)

9. EMPLOYEES SUPERVISED

Enter in appropriate box the total actual number of staff for whose work you are fully accountable.

	1-3	4-10	11-20	21-30	31-60	61-150	151+	
Full Time Employees								Combined Total
Part Time Employees								Full Time Equivalent (2000 hrs/yr)

10. PHYSICAL, MENTAL AND VISUAL DEMANDS

Enter estimated percentage in appropriate box

Explain any condition that applies to your job	Percent of Total Work Time				
	0-5%	5-20%	20-40%	40-70%	Over 70%
Comfortable; few exceptional demands					
Intense visual/listening concentration e.g.					
Lifting, carrying, climbing, e.g.					
Other heavy physical effort, e.g.					

11. WORKING CONDITIONS

- (a) Explain any unpleasant aspects, e.g. heat, cold, odours, noise, work interruptions, outside work, infection, danger.
Minor disadvantages

(b) What is your scheduled work week? hrs

What, if any, shift work do you have?

Other unusual hours? On call?

(c) Overnight travel: % time away?

Driving vehicle during work: % time?