**NKU JOB ANALYSIS QUESTIONNAIRE**

|  |  |  |  |
| --- | --- | --- | --- |
| **Position Holder’s Name:** |      | **Posn. Title:**  |       |
| **Org. Unit Name** |      | **Division:** |   |
| **Reports to (Name):**  |      | **Supervisor’s Job Title:**  |       |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SUMMARY:** *(Briefly describe the purpose, and contributions of this position to the dept. or the university):*

**DUTIES AND RESPONSIBILITIES:**

*(List in order of importance the core duties and responsibilities of the job, and estimate the percentage of time spent on each responsibility. The total time must equal 100%)*

|  |  |  |
| --- | --- | --- |
|  | Description of Duties | **% of time** |
| 1 |       |     |
| 2 |       |     |
| 3 |       |     |
| 4 |       |     |
| 5 |       |     |
| 6 |       |     |
| 7 |       |     |
| 8 |       |     |
| 9 |       |     |
| 10 |       |     |
|  |  |  |

**QUALIFICATIONS:**

What is the ***minimum*** level of education required for this position?

[ ] High School Diploma/GED [ ] Bachelor’s Degree

[ ] Associate’s Degree [ ] Master’s Degree

[ ] Technical/vocational school [ ] PhD

[ ] Bus/Tech. School [ ] JD

[ ] Other: Please Specify:

**What type of college study (major) or technical training would be required?**

**What is the minimum amount of total related work experience required?**

[ ] l Yr [ ] 2 Yrs. [ ] 3 Yrs. [ ] 4 Yrs. [ ] 5 Yrs. [ ] 6 Yrs [ ] Other (specify # whole yrs.)

Comments:

**What is an acceptable equivalency?**

**Minimum amount of previous related management experience required, if applicable.**

[ ] l Year [ ] 2 Years [ ] 3 Years [ ] 4 Years [ ] 5 Years [ ] 6 Years [ ] Other (specify # whole yrs.)

**Are any Certifications or Licenses required?** [ ] Yes (explain)       [ ]  No

**List other required skills (computer skills, etc), training and/or abilities to qualify for this position:**

**Does this position have supervisory responsibilities (i.e., responsible for hiring, managing staff, performance evaluations, etc.)?**  [ ] YES [ ] NO

If yes, list the number and title(s) for positions that directly or indirectly report to this position:

**How is this position supervised?** [ ] closely [ ] moderately [ ] minimally

Please explain:

**How frequently is work performance checked by supervisor?**

[ ]  Close/Regular Checks

[ ]  Employee operates from standard practices and procedures

[ ]  Employee largely plans and arranges own work

**To what degree does this position determine own work priorities?**

[ ] Predetermined [ ] Half time

[ ] Quarter of Time [ ] Half to Three Quarters

[ ] Quarter to Half Time [ ] More than Three Quarters

**Describe the academic and student support interactions of this position.**

**What equipment, materials, or tools are used/handled/operated by this position?**

**Indicate physical effort demands of Job (lifting, carrying, standing etc.) and working conditions (indoor, outdoor, normal office conditions etc.) and exposure to hazards.**

Explain:

**List any other special qualifications required for filling this position (ability to drive, valid driver license, need to have a dependable vehicle with appropriate insurance, etc).**

Immediate Supervisor Signature: Date:

Dept. Head Supervisor Signature: Date:

Division Head Signature: Date:

**Addendum to Job Description Template:**

|  |
| --- |
| **Position Details** |
|  [ ]  Full Time [ ]  Part Time If Part Time, Number of Work Hours Per week:        |
|  [ ]  Regular [ ]  Temporary [ ]  Grant [ ]  Contract:  If Temporary or Contract, Number of Months:       (13 months to be eligible for full staff benefits for Contract positions)  |

**Reason for this job description:**

[ ]  Updated JAQ for HR files only [ ]  Change Position Title in its current classification

[ ]  Requesting classification of a new position [ ]  Reclassification of a current position

**If requesting Reclassification,** briefly state reasons for the request and other relevant information regarding the position, including the significant changes in duties and responsibilities that justify reclassification. If necessary, a separate memo can be provided with this information. Please include a department/division organizational chart displaying how this position fits into the current (planned) reporting structure

Current Position Title:       Current Position number:       (SAP eight digits)

Proposed Title:

What existing NKU positions do you consider equivalent to this position?

What is the anticipated starting salary to attract a qualified candidate?

|  |  |
| --- | --- |
| Position’s Funding Source  |   |
| [ ]  Base Budgeted (X001) | [ ] Base Budgeted Revenue (X003) | [ ] Salary Savings (For current FY Only) |
| [ ]  Non Base (X006) | [ ]  Non Base Revenue (X008) | [ ]  Operating PoolCC#       GL#       |
| [ ]  Central Funding Name of Project     [ ]  Presidential Approval  (attach approval) | [ ] Grant Funded (X011) Grant CC#        Grant#       | [ ]  Reassignment of Position To be eliminated Position #       |
| **Position Charging Information (Cost Override if different than 100% charged to Home Cost Center)** |
| [ ]  Cost Override on Person | [ ]  Cost Override on Position |
|  CC#:       Percentage       % | CC#:       Percentage       % |
|  CC#:       Percentage       % | CC#:       Percentage       % |