



## Western University of Health Sciences Position Description Questionnaire

Position Title:

Supervisor's Title:

Division:

Department:

College or Center (if applicable):

1. **PRIMARY PURPOSE OF THIS POSITION:**

Briefly describe the position's primary purpose or contribution to the department or organization.

2. **DUTIES AND RESPONSIBILITIES:**

List the job's essential functions and responsibilities, starting with the most important first. Include all important aspects of the job and whether these are performed daily, weekly, monthly, annually; and any that occur at irregular intervals. In addition, please indicate the percentage of time spent on each duty.

Provide enough detail so that a person who is unfamiliar with this position has a clear idea of the difficulty level of each responsibility. Do not use abbreviations, acronyms, and technical jargon.

**Please list this information in the space provided below. If you run out of writing space, you may continue on and attach a separate sheet of paper.**

**DUTIES AND RESPONSIBILITIES (in order of importance):**

**Percent of Time(%)**

|  |  |
|--|--|
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**TOTAL = 100%**

### 3. SUPERVISORY RESPONSIBILITIES:

Are there supervisor(s) reporting to this job? Yes: ☐ No: ☐

If yes, how many?

How many employees in total report to these supervisor(s)?

Are there non-supervisory employees who report directly to this job? Yes: ☐ No: ☐

If yes, how many?

What is the name(s) of the department(s) or unit(s) managed by supervisor(s) who report to this position?

#### 4. FACT FINDING, RESEARCH, ANALYSIS, AND CREATIVITY

Describe examples of this type of work.

[illegible]

## 5. INTERPERSONAL DEMANDS

List and describe the purpose of the most important contacts (other than your supervisor and your direct reports) that this position has with others on a regular basis.

| Contact Person<br>(Functional Position) | Purpose of Contact | Nature of the Contact<br>(your role) | Frequency (e.g.,<br>daily, weekly, monthly) |
|---|--------------------|--------------------------------------|---|
|   |                    |                                      |   |
|   |                    |                                      |   |
|   |                    |                                      |   |
|   |                    |                                      |   |
|   |                    |                                      |   |
|   |                    |                                      |   |
|   |                    |                                      |   |

## 6. SCOPE OF RESOURCE ACCOUNTABILITY

### OPERATING EXPENSES:

\$ per year.

IF THIS POSITION DOES HAVE DIRECT BUDGET RESPONSIBILITY, THEN THE APPROPRIATE SUPERVISOR SHOULD COMPLETE THE FOLLOWING:

This position has a direct impact or strong influence on budgetary expenditures of \$ , which represents % of your supervisor's total annual budget.

## 7. EQUIPMENT USED:

List specific equipment, tools or computer software used in this position.

Computers, printer, telephone, adding machine, file cabinets, literature sorters, mailing supplies and internet, copy machine, fax machine.

**8. QUALIFICATION REQUIREMENTS:**

- 8a. What sort and how much experience, education, and/or training is truly necessary to perform these functions?
- 8b. In the areas of mathematics, language, and reasoning, what basic knowledge, skills, and abilities are required?
- 8c. Are other knowledge and skills required, such as bilingual ability, familiarity with special terminology or the ability to type or take shorthand, and is speed required?
- 8d. Are special licenses or certificates required?

**9. PHYSICAL DEMANDS:**

- 9a. How much on-the-job time is spent in the following physical activities? Show the amount of time by checking the appropriate boxes below.

- Amount of Time -

|   | <u>none</u>                         | <u>up to 1/3</u>                    | <u>1/3 to 2/3</u>                   | <u>2/3 more</u>                     |
|---|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Stand   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Walk  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| sit   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Use hands to grasp objects<br>(or to manipulate keyboard, office<br>or plant equipment or controls) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Reach with hands and arms   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

|                              |                                     |                                     |                                     |                                     |
|------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Climbs or balance            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Stoop, kneel crouch or crawl | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Talk or hear                 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Taste or smell               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

9b. Does this position require that weight be lifted or force be exerted? If so, how much and how often.  
Check the appropriate boxes below.

**-Amount of Time -**

|                      | <u>none</u>                         | <u>up to 1/3</u>                    | <u>1/3 to 2/3</u>                   | <u>2/3 more</u>                     |
|----------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Up to 10 pounds      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Up to 25 pounds      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Up to 50 pounds      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Up to 100 pounds     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| More than 100 pounds | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

9c. Does this position have any special vision requirements? Check all that apply.

- ☐ Close Vision (clear vision at 20 inches or less)
- ☐ Distance Vision (clear vision at 20 feet or more)
- ☐ Color Vision (ability to identify and distinguish colors)
- ☐ Peripheral Vision (ability to observe an area that can be seen up and down or to the left and right while eyes are fixed on a given point)
- ☐ Depth Perception (three-dimensional vision, ability to judge distances and spatial relationships)
- ☐ Ability to Adjust Focus (ability to adjust the eye to bring an object into sharp focus)
- ☒ No Special Vision Requirements

9d. Make notes on the specific job duties that require the physical demands selected above.

## 10. WORK ENVIRONMENT:

10a. How much exposure to the following environmental conditions does this position require? Show the amount of time by checking the appropriate boxes below.

**-Amount of Time –**

|                                    | <u>none</u>              | <u>up to 1/3</u>                    | <u>1/3 to 2/3</u>                   | <u>2/3 more</u>                     |
|------------------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Wet humid conditions (non-weather) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Work near moving mechanical parts  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Work in high precarious places     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Fumes or airborne particles        | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Toxic or caustic chemicals         | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

**-Amount of Time –**

|                            | <u>none</u>              | <u>up to 1/3</u>                    | <u>1/3 to 2/3</u>                   | <u>2/3 more</u>                     |
|----------------------------|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Outdoor weather condition  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Extreme cold (non-weather) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Extreme heat (non-weather) | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Risk of electrical shock   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Risk of radiation          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

10b. How much noise is typical for the work environment of this position? Check the appropriate level below.

- ☒ Very Quiet (Examples: private office with door or isolation area with soundproofing)
- ☒ Quiet (Example: private office without door)
- ☐ Moderate Noise (Examples: business office machines and/or computer printers, light office traffic)
- ☒ Loud Noise (Examples: testing equipment or product)
- ☒ Very Loud Noise (Example: outside noise)

10c. Make notes on the specific position duties that are affected by the environmental conditions selected above.

11. **ADDITIONAL COMMENTS:** Include any other information or comments which would be helpful in conveying a clear picture of the skill, knowledge, abilities, impact, authority, or working conditions of this position and aid in the preparation of an accurate description of this position.

12. **QUESTIONNAIRE PREPARED BY:**

Name:

(Please print your name)

Date:

Title:

Phone Ext:

Your basis for knowledge of this position: (please check one of the following)

- a. ☐ Currently hold position
- b. ☐ Supervise position
- c. ☐ Other, explain: