

**ST. EDWARD'S UNIVERSITY
POSITION INFORMATION QUESTIONNAIRE**

Action Requested: ___Establish New Position ___Reclassify Existing Position
___Other _____

INSTRUCTIONS. The following job information should be jointly prepared by the employee and the supervisor or department head. If the position is new or vacant, the information should be completed by the supervisor or department head. Requests for classifications of new positions, and reclassifications of existing positions is part of the annual spring budget process. The request is reviewed in the Office of Human Resources, and a recommendation is made to University officers. Should a mid-year review be requested, contact the Human Resources Representative at extension 8542.

Section 1. Current Position Information

Employee's
Name _____ Department _____

Current Title _____ Grade/Level _____

Supervisor's Name _____ Phone No. _____

Section 2. Position Purpose

Example: "Provide full performance secretarial services and coordinate routine office activities for the department."

Section 4. Education, Training, and Experience

Minimum level of education necessary to perform this job: _____

Level and type of work experience **required** for this job: _____

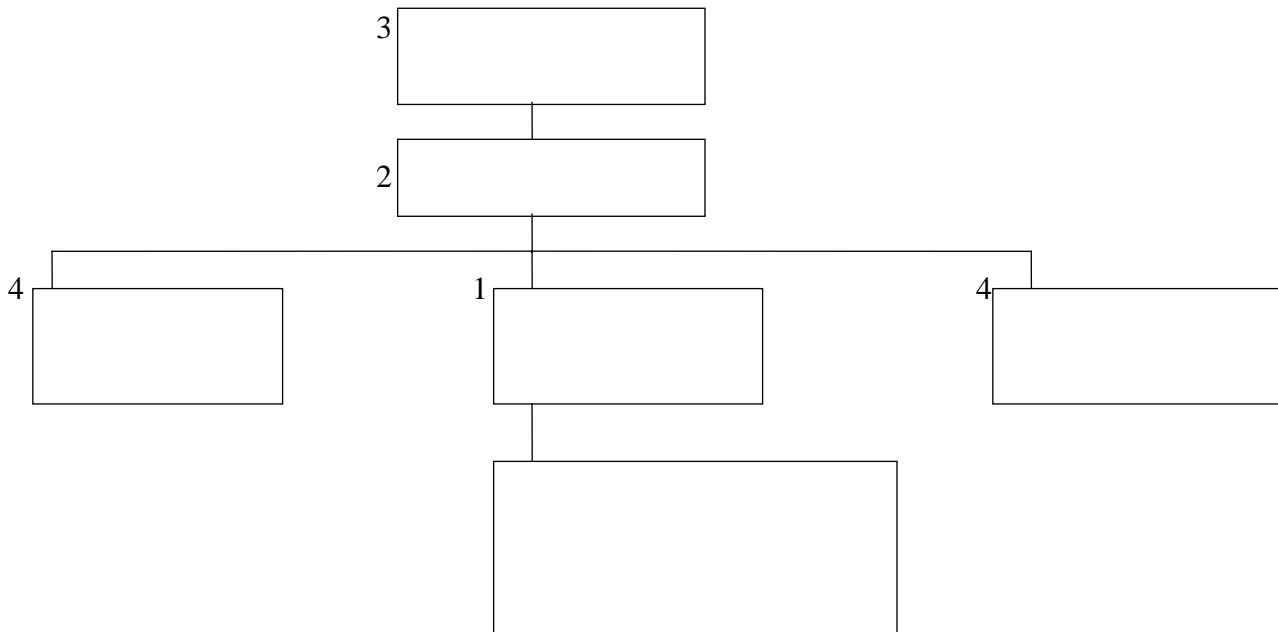
Level and type of work experience **preferred** for this job: _____

Technical Knowledge/Certifications **required**: _____

Federal or State certificates or licenses **required**: _____

Section 5. Organization

Indicate how this position relates to others within the department by completing the organizational chart below. **Block 1.** Title of this position/incumbent's name; **Block 2.** Title of the supervisor of this position/incumbent's name; **Block 3.** Title of the supervisor's supervisor/incumbent's name; **Block 4.** Positions which are on the same organizational level as the one being reviewed; **Final Block.** Positions under direct supervision of this position.



Section 6. Contacts

Identify other departments, organizations, or people that have a direct impact on this position and describe the nature or purpose of those contacts.

CONTACT	FOR WHAT PURPOSE
<i>Accounts Payable area of the Business Office</i>	<i>Coordinate receipt/payment of purchase orders</i>

Section 7. Supervision

Indicate below the statement that best describes the way in which most duties and responsibilities are generally carried out on a day-to-day basis.

_____ Works under general direction determining work assignments based on an understanding of established practice.

_____ Performs regular assignments within standard practice. Direction from the supervisor is necessary for special assignments.

_____ Responsible for carrying out broad assignments and tasks under very limited direction.

_____ Receives specific oral and written instructions from the supervisor on a daily basis.

_____ Other: _____

If this position supervises, what is the extent? Check all appropriate blocks.

- _____ Recommend hiring and firing _____ Plan and assign methods, procedures, and work flow
- _____ Complete performance evaluations _____ Discipline workers

Number of employees this position supervises directly _____ FTE _____

Number of student workers this position supervises _____

Number of employees this position supervises indirectly _____ FTE _____
(supervised by staff reporting to this position)

Section 8. Accountabilities

Annual Operating Budget for which this position is responsible: \$ _____
 Is this position authorized to sign purchase orders? _____

Section 9. Results of Errors

Indicate below the **probable** results of an inadvertent error(s) of judgement, accountability, interpretation, exercise of authority, etc., in performance of this position.

- _____ Errors readily detected in normal course of work.
- _____ Errors may cause inaccuracies in reports, or technical data.
- _____ Errors may affect broad aspects of University relations impacting on University prestige, programs, expenditures, and operations.

Section 10. Working Conditions

Describe any conditions in the work environment which may be hazardous or highly unpleasant, i.e. electrical, chemical, or biological hazards, excessive noise, extreme temperatures, etc. Include any usual physical conditions, i.e., lifting and carrying 40 lbs., frequent walking, etc.

Will incumbent have master key access to university buildings and facilities? Yes_____ No_____

Will incumbent have direct responsibility for the oversight, care, safety and security of non-enrolled minors? Yes_____ No_____

Section 11. Decisions

Indicate the level of freedom permitted in this position by describing which decisions can be made independently, and which are required to be referred to others or are governed by policies, procedures, or precedents.

AREAS	DECISIONS MADE	DECISIONS REFERRED
<i>Goal Setting</i>	<i>Establish project milestones</i>	<i>Establish project deadlines</i>
Budgeting		
Goal Setting		
Purchasing		
Supervising		
Recruiting		
Policymaking		

