|  |  |
| --- | --- |
|  | **Job Description** |

|  |  |  |  |
| --- | --- | --- | --- |
| Job Title:  | Click to add Job Title. | FLSA Status: | Choose an item. |
| Supervisor Title:  | Click to add Supervisor Title. | Classification: | Click to add Classification. |
| Job Code:  | Click to add Job Code. | Department:  | Click to add Department. |
| Employee Name: |  | FTE |  |
| Hours Per Week |  | Weeks Per Year |  |

## Job Summary

In 3 – 4 sentences, briefly but specifically summarize the primary purpose of the work performed.

Click to enter Job Summary.

## Essential Functions

List up to ten **essential functions** of the job, indicating the **most important** first, and the approximate percentage of time spent on each over the course of a year. **Only** list any duties or responsibilities that require 10% or more (equivalent to half of a day per week or 5 weeks per year) of the job’s time.

Total must equal 100%. If not, please adjust your entries.

|  |  |
| --- | --- |
| 1. Click to enter Essential Function 1. | % of Time |
| 2. Click to enter Essential Function 2. | % of Time |
| 3. Click to enter Essential Function 3. | % of Time |
| 4. Click to enter Essential Function 4. | % of Time |
| 5. Click to enter Essential Function 5. | % of Time |
| 6. Click to enter Essential Function 6. | % of Time |
| 7. Click to enter Essential Function 7. | % of Time |
| 8. Click to enter Essential Function 8. | % of Time |
| 8. Click to enter Essential Function 8. | % of Time |
| 10. Click to enter Essential Function 8. | % of Time |
| Performs all other duties and responsibilities as assigned or directed by the supervisor.  |
| **Total MUST equal 100%. If not, please adjust your entries.** | **100%** |

## Fiscal Authority

Select the level which best describes the position’s typical fiscal authority within the organization.

Select Level of Fiscal Authority.

## Supervisory Responsibility

Select the highest level which best describes the position’s typical responsibilities in managing people. Full Supervision includes hiring, training, and developing, administering corrective action, addressing grievances, reviewing performance and completing annual evaluations, scheduling, defining expectations, and termination via appropriate process with Office of Human Resources.

Select Level of Supervisory Responsibility.

## Education Requirements

Indicate the minimum level of education generally necessary to effectively perform the job’s essential functions. If a higher level of education is preferred, please indicate that as well. Select only one educational level by clicking on the radio button for each level of education. ***(Please check ONE box per row.)***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| RequiredEducation | PreferredEducation | Equivalent Experience Accepted | Level of Education | Field of Study |
| [ ]  | [ ]  | [ ]  | Doctoral/advanced degree | Click to enter Field of Study. |
| [ ]  | [ ]  | [ ]  | Master’s degree | Click to enter Field of Study. |
| [ ]  | [ ]  | [ ]  | Bachelor’s degree | Click to enter Field of Study. |
| [ ]  | [ ]  | [ ]  | Associate’s or vocational/ technical school degree | Click to enter Field of Study. |
| [ ]  | [ ]  | [ ]  | Vocational or technical training | Click to enter Field of Study. |
|  |  |  | High school diploma or GED |  |

Other professional licensures, certifications, specialized training, or designations: Indicate those **Required** versus **Preferred**.

Click to enter description.

## Experience Requirements

Indicate the level of experience required and preferred for this position. Please select one option for Required and one option for Preferred.

|  |  |  |
| --- | --- | --- |
| Required | Preferred | Level of Experience |
| [ ]  | [ ]  | Entry level position, no prior work experience required |
| [ ]  | [ ]  | 1 – 3 years |
| [ ]  | [ ]  | 4 – 7 years |
| [ ]  | [ ]  | 7 – 10 years |
| [ ]  | [ ]  | 10 or more years |

## Required Knowledge, Skills, and Abilities

Describe the type and level of knowledge, skills, and abilities required to perform the essential functions of this job.

Knowledge – the subjects, topics, and items of information that an employee should know at the time he or she is hired or moved into the job. Knowledge represents bodies of information that are applied directly to the performance of work functions. (i.e. Knowledge of generally accepted accounting procedures and principles.)

Skills – technical or manual proficiencies which are usually learned or acquired through training. Skills should be measurable and observable. (i.e. Skill in communicating effectively in writing as appropriate for the needs of the audience; skill in collecting and analyzing complex data.)

Abilities – the present demonstrable capacity to apply several knowledge and skills simultaneously to complete a task or perform an observable behavior. Abilities may also relate to personal and social attributes which tend to be innate or acquired without formal instructions. Abilities are enduring talents that can help a person do a job. (i.e. Ability to direct and organize program activities; ability to establish goals and objectives)

**Required Knowledge, Skills, and Abilities:**

Click to enter description.

## Computer Skills

Describe the type and level of proficiency of computer skills required to perform the essential functions of this job.

|  |  |  | Level of Proficiency |  |
| --- | --- | --- | --- | --- |
|  | Required | Preferred | Basic | Intermediate | Advanced | Comments |
| Microsoft Office (Excel, Outlook, PowerPoint, Word) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | Click to enter comments. |
| Google Suite of Products | [ ]  | [ ]  | [ ]  | [ ]   | [ ]  | Click to enter comments. |
| Databases | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | Click to enter comments. |
| Computer Networks and Systems | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | Click to enter comments. |
| Accounting Software | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | Click to enter comments. |
| Payroll System | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | Click to enter comments. |
| Social Media | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | Click to enter comments. |
| Other: Click to enter comments. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | Click to enter comments. |

## Travel Demands

Indicate the option that best describes the normally expected travel demands for this job for required travel outside of the College.

|  |  |
| --- | --- |
| [ ]  | Rarely (1 – 3 times per year) |
| [ ]  | Moderately (monthly) |
| [ ]  | Frequent (weekly) |
| [ ]  | None |

## Work Environment/Conditions

The work environment and exposures described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

| Work Environment | Seldom or Never | Sometimes | Frequently or Often |
| --- | --- | --- | --- |
| Office or similar indoor environment | [ ]  | [ ]  | [ ]  |
| Outdoor environment | [ ]  | [ ]  | [ ]  |
| Street environment (near moving traffic) | [ ]  | [ ]  | [ ]  |
| Vehicle | [ ]  | [ ]  | [ ]  |
| Warehouse environment | [ ]  | [ ]  | [ ]  |
| Shop environment | [ ]  | [ ]  | [ ]  |
| Other: Click to enter comments. | [ ]  | [ ]  | [ ]  |

## Work Schedule

Outline the expected work schedule. This may include shift schedule, days per week, and hours per day.

## Physical Requirements

Indicate the level of frequency that best describes the physical demands that are required to perform the position duties. Note: this does not consider those parts of the position that if the incumbent had a disability, reasonable accommodation could be made.

| Physical/Mental Activity | Frequency of Activity |
| --- | --- |
| Sitting | Select Frequency of Activity. |
| Repetitive hand motion (such as typing) | Select Frequency of Activity. |
| Hearing, listening | Select Frequency of Activity. |
| Written Communications | Select Frequency of Activity. |
| Verbal Communication | Select Frequency of Activity. |
| Standing | Select Frequency of Activity. |
| Walking | Select Frequency of Activity. |
| Bending | Select Frequency of Activity. |
| Stooping | Select Frequency of Activity. |
| Climbing stairs/ladders | Select Frequency of Activity. |
| Kneeling, squatting | Select Frequency of Activity. |
| Crouching | Select Frequency of Activity. |
| Crawling | Select Frequency of Activity. |
| Reaching and Lifting overhead | Select Frequency of Activity. |
| Pulling/Pushing Weight Limit-up to 20 pound | Select Frequency of Activity. |
| Pulling/Pushing Weight Limit-up to 50 lbs. | Select Frequency of Activity. |
| Pulling/Pushing Weight Limit- over 70 lbs. | Select Frequency of Activity. |
| Lifting – up to 20 pounds | Select Frequency of Activity. |
| Lifting – up to 50 pounds | Select Frequency of Activity. |
| Lifting – over 70 pounds | Select Frequency of Activity. |
| Peripheral Vision | Select Frequency of Activity.. |
| Taste | Select Frequency of Activity.. |
| Carrying | Select Frequency of Activity. |
| Reaching at or below Shoulder level | Select Frequency of Activity. |
| Driving | Select Frequency of Activity. |
| Make minor decisions requiring limited judgement | Select Frequency of Activity. |
| Make general decisions in the absence of specific directions | Select Frequency of Activity. |
| Perform activities requiring sustained concentration | Select Frequency of Activity. |
| Other: Click to enter comments. | Select Frequency of Activity. |

## Additional Information

Please describe as clearly and concisely as possible any additional relevant job information.

Click or tap here to enter text.

## Approval Signatures (Typed name is acceptable for electronic submission)

|  |
| --- |
| [ ]  By checking this box, I, the **Supervisor**, verify the above information. |
| **Supervisor Name** Click to enter Supervisor name | **Date:** Click to enter date |
| [ ]  By checking this box, I, the **Employee**, approve the above information. |
| **Employee Name** Click to enter Employee name | **Date:** Click to enter date |