

<b>Present Position Title</b>		<b>Reason for Form:</b> <input type="checkbox"/> Job Posting <u>OR</u> <input type="checkbox"/> Position Reevaluation	
<b>Recommended Title (if different)</b>		<b>If Reevaluation, Employee Name:</b>	
<b>Supervisor Signature</b>		<b>Dept./College</b>	
<b>Supervisor Name</b>		<b>Supervisor Title</b>	<b>Date</b>

**Part I – Position Function/Duties**

**A. PURPOSE OF POSITION:**

*State briefly, in one or two sentences, the principal purpose or function of this position.*

**B. POSITION REEVALUATION DETAIL:** *If this is a position reevaluation, please indicate the reason by clicking or placing an "X" in the appropriate box (otherwise, skip to C).*

Incumbent will:  Maintain current duties and assume additional duties  Decrease in duties  Assume a new/vacant role

**C. PRINCIPAL ACTIVITIES AND RESULTS:**

*Please list, in order of importance, the functions of this position and estimate the time spent performing each function over a given period of time. Percentages must total 100%, and generally, individual functions/duties should not receive a % lower than 5% or greater than 50%. For those functions that are essential (or "why the job exists"), list an "E" next to the function. It is expected that positions will generally include both essential and non-essential functions.*

<b>% of Total Time</b>	<b>Essential Function? (List an "E")</b>	<b>Position Function/Duties</b>

**100% Total**      Note: Incumbent may perform other duties as assigned.

**Part II: Scope of Position**

**A. DECISION-MAKING AUTHORITY AND ASSIGNMENT OF WORK:**

*Describe who assigns, reviews and approves the work of this individual and how decisions are made.*

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**B. COLLABORATION & CUSTOMER INTERACTION**

*Describe the type and frequency of contact with individuals other than immediate co-workers and supervisor (e.g. other UAH departments, students, UAH leadership, community and city officials, UAH alumni and donors, media, etc.).*

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**C. SUPERVISION EXERCISED:**

*List the titles of all employees reporting directly to this position in column #1 and show the number of employees with that title in column #2. In column #3, indicate the number of employees reporting to the position shown in the first column (to document layers of operational oversight).*

1. Job Title Reporting Directly To The Position	2. Number of employees with job title	3. Number of employees reporting thru position

**Total number of employees supervised in chain of command (sum of column #3):**

**D. ORGANIZATIONAL CHART:**

*Please complete the organizational chart below (or attached an organizational chart), to indicate the positions above and lateral to this position within the department.*

<b>Supervisor's Supervisor</b>
Title:
Name:
<b>Supervisor</b>
Title:
Name:

This Position	Lateral Position/Peer	Lateral Position/Peer	Lateral Position/Peer
Proposed Title:	Title:	Title:	Title:
	Name:	Name:	Name:

## Part III: Knowledge and Skill Requirements

### A. EDUCATION & EXPERIENCE

Estimate the minimum requirements of education and experience necessary for an individual to be considered for this position, then list any preferred/desired qualifications.

I. Minimum/Required	II. Preferred/Desired
<b>1. Education</b>	
<b>2. Years and Type of Work Experience</b>	
<b>3. Certifications, Licenses and/or Specialized Technical Knowledge</b>	

## Part IV. Americans with Disabilities Compliance Assessment of Job Requirements

Physical Demands (ADA Compliance)

**A. GENERAL:** How much on-the-job time is spent in the following physical activities? Show the amount of time by clicking or placing an "X" in the appropriate boxes below.

	Amount of Time			
	None	Up to 1/3	1/3 - 2/3	2/3 +
Stand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Talk or hear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use hands/to handle/feel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climb or balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stoop/kneel/crawl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach with arms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taste or smell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**B. LIFTING:** Does this position require that weight is lifted or force is exerted? If so, how much and how often? Click or place an "X" in the appropriate boxes below.

	Amount of Time			
	None	Up to 1/3	1/3 - 2/3	2/3 +
Up to 10 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Up to 25 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Up to 50 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Up to 100 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More than 100 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C. VISION:** 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

**D. OTHER:** Please list any other physical demands of the position.

**For Human Resources Use Only (Please Do Not Write Below This Line)**

<b>Reviewed By:</b>	<b>Title:</b>	<b>Date:</b>