JOB CHANGE QUESTIONNAIRE FOR NON-TEACHING PROFESSIONALS

PART A

Name of Incumbent:		
Employee Number		
Annual Salary Rate:		
Department and Address/Unit#:		
Current Payroll Title:		
Length of Time in Position:		
Current Functional Title:		
What is the effective date of t	he change in duties:	

PART B

Indicate in the space below what caused the significant change in responsibilities. Please elaborate, listing any facts you feel are important to understanding these changes.

<u>PART C – MAJOR DUTIES AND RESPONSIBILITIES</u>

Describe the job in sufficient detail to present a clear word picture of the job. BE SPECIFIC. List the more important duties first and start each entry with an action verb. Ten or twelve duties are usually sufficient to describe the job.

PART D - SUPERVISION RECEIVED

Che	ck off the space below which most closely describes the type of supervision the position will ive:
	DIRECT SUPERVISION: Job performed according to detailed instruction. Frequent and regular checks for accuracy. Performs under almost daily instruction from supervisor.
	SUPERVISION: Employee receives some instructions with respect to details of most assignments. Work within established practices and procedures. Performs routine assignments alone. Work is periodically checked for performance and progress.
	GENERAL SUPERVISION: Employee receives general outline of work and is generally free to plan and arrange ones work within a ride range of practices and procedures. Work is periodically checked for progress and conformance to established procedures/policies.
	DIRECTION: Employee plans and carries out assignments with little supervision. Reports regularly to supervisor usually by means of occasional conferences to discuss work progress or new problems which require advice from supervisor.
	GENERAL DIRECTION: Employee is free to plan, develop, and organize all phases of work necessary for its completion, within broad guidelines. May develop and utilize any procedures and methods which do not conflict with major policies. Refers to supervisor only for clarification and interpretation of broad objectives.
	ADMINISTRATIVE REVIEW: Works from broad overall policies, goals and budgetary limits. Self supervision, with direct accountability for final results. Initiates broad programs under general policies.

PART E – SUPERVISION OVER OTHERS

If the incumbent in this position is officially responsible for the work of others, please indicate the number of people, titles, and kind of work supervised.

NUMBER TITLE

KIND OF WORK

PART F – REGULAR CONTACTS

List the regular contacts as incumbents in this position will have, and why (e.g., furnishing
information, persuasion, schedule meetings). Do not include incidental or day-to-day contacts
with co-workers.

Internal to the University		
WHO (TITLE)?	WHY?	HOW OFTEN?
External to the University		
WHO (TITLE)?	WHY?	HOW OFTEN?

PART G – ORGANIZATIONAL CHART

Please attach an organizational chart showing the relationship of this position to other positions in the department/unit. Show all the positions, by title, including classified staff.

PART H – SUPPLEMENTAL INFORMATION
Please be specific and give concrete examples.
1. What is the purpose of this position?
2. What is the most time consuming duty?
•
2. What are the most difficult or complex duties?
3. What are the most difficult or complex duties?
A Circumstant of Amiral worklaws asked

4. Give examples of typical problems solved.

5. Give examples of the kinds of decisions incumbents in this position are expecwithout referring to a higher authority.	ted to make
6. What problems would be referred to someone else? Who?	
7. Is the incumbent in this position is expected to originate and/or adopt policie procedures, plans, and programs? Give examples.	S,
8. Does this position require decisions or actions that control care of property, if funds, or other assets or health and safety of others?	records,

9. Indicate any other information which would be helpful in conveying a complete picture of this position.			
PART I – SIGNATURES AND APPROVA	<u>LS</u>		
Please sign below to indicate that you approve position.	the revised and/or re	structured duties of this	
 Employee	Print		
Immediate Supervisor: Signature	Print	 Date	
Dean/Director/Department Head: Signature	Print	 Date	
BE SURE TO INCLUDE AN ORGANIZATI	ONAL CHART AND) A CURRENT RESUME.	

If you have any questions, please call Workforce Solutions at (860) 486-3034.

When you have completed this form please forward it along with the appropriate attachment and signatures to the Dean's Office (if applicable) and Workforce Solutions, Department of Human Resources, Unit 5075.

You will receive written notification once your packet has been received. If you do not receive notification, please contact Workforce Solutions at (860) 486-3034.