

Position Description

Save the document in a named file prior to completing any field.

Transaction Type _____		Date Submitted _____
Department _____		Org Code _____
Title _____	Extended Title (if applicable) _____	
Position Code _____	Position # _____	Security Sensitive Level: <input type="radio"/> Level I <input type="radio"/> Level II
Last Name _____	First Name _____	Middle Initial _____
R # _____		

Reports To:

Last Name _____	First Name _____	Middle Initial _____
R # _____	Title _____	

Hours/Shift:	From	To
<input type="checkbox"/> Monday	____ <input type="checkbox"/> AM <input type="checkbox"/> PM	____ <input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="checkbox"/> Tuesday	____ <input type="checkbox"/> AM <input type="checkbox"/> PM	____ <input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="checkbox"/> Wednesday	____ <input type="checkbox"/> AM <input type="checkbox"/> PM	____ <input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="checkbox"/> Thursday	____ <input type="checkbox"/> AM <input type="checkbox"/> PM	____ <input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="checkbox"/> Friday	____ <input type="checkbox"/> AM <input type="checkbox"/> PM	____ <input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="checkbox"/> Saturday	____ <input type="checkbox"/> AM <input type="checkbox"/> PM	____ <input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="checkbox"/> Sunday	____ <input type="checkbox"/> AM <input type="checkbox"/> PM	____ <input type="checkbox"/> AM <input type="checkbox"/> PM

Is overtime required? ☐ Yes ☐ No

Specify: _____

Is travel required? ☐ Yes ☐ No

Specify: _____

Other: _____

JOB SUMMARY

Position description from [Texas Tech Pay Plan](#)

ESSENTIAL JOB FUNCTIONS

A job function is essential if removal of that function would fundamentally change the job. Things to consider when determining functions that are essential: Does the job exist to perform that function? Can the function only be performed by a limited number of employees? Does the employee spend a significant amount of time performing this function? If you answered yes, then it is likely to be considered an essential function. If failure to perform a function has adverse affects, it is also likely to be an essential function.

List the essential functions of this job below. Attach separate pages if necessary for additional essential job functions.

ESSENTIAL JOB FUNCTIONS *continued*

- GLOBAL COMPETENCIES**
An essential set of skills, attitudes, and knowledge that align performance with the university's standards.
- 1. Quality of Customer Service**
Delivers high level of service which meets the needs of the customer

2. Compliance
Complies with university and departmental rules, laws, policies and procedures

3. Staff Development
Attends all required training or certification programs within the specified time frames

4. Planning and Organizing Work
Effective and efficient utilization of time and resources

5. Dependability
Degree to which the employee can be relied upon to complete tasks in a timely manner

6. Quality of Work
Accurate, neat, thorough

7. Initiative
Anticipates and responds to the needs of the department

GLOBAL COMPETENCIES *continued*

8. Relationship with Others
Respectful, cooperative, and effective in getting along with a diverse group of employees and customers
9. Adaptability
Effectively adjusts to change
10. Communication (oral and written)
Expresses ideas/information in a complete, clear, concise, organized, and timely manner; actively listens to others and is open to suggestions
11. Accountability
Accepts responsibility for job performance
12. Job Knowledge
Demonstrates an understanding of knowledge specific to the job

LEVEL OF SUPERVISION RECEIVED

Describe the amount of supervision this position receives.

- ☐ Extensive
Much direct supervision, work with supervisor
- ☐ Moderate
Access to supervisor and/or lead coworker, when needed
- ☐ Limited
Work is highly autonomous, performs independently

SUPERVISING SUBORDINATES

Describe the amount of time and type of supervision given to subordinates. List number and title of employees supervised.

REQUIRED KNOWLEDGE, SKILLS, AND ABILITIES

The attributes required to perform the job that are generally demonstrated through qualifying service, education, or training.

PREFERRED KNOWLEDGE, SKILLS, AND ABILITIES

Preferred knowledge, skills and abilities, in addition to the required knowledge, skills and abilities.

REQUIRED QUALIFICATIONS

Qualifications from the [Texas Tech Pay Plan](#)

PREFERRED QUALIFICATIONS

Qualifications in addition to the required qualifications.

WORK CONTEXT

How important are the following skills and abilities in accomplishing the essential job functions?

	Not Important	Fairly Important	Important	Very Important	Extremely Important
Public Speaking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Face-to-Face Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Telephone Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Write Letters, Emails, and Memos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop and Implement Policies and Procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meet Strict Deadlines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Responsibility for Outcomes and Results	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Develop Objectives and Strategies, Strategic Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evaluate Information to Determine Compliance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Deductive Reasoning, Make Decisions and Solve Problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Manage Processes, Resources, and People	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Coordinate or Lead Projects and Teams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PHYSICAL DEMANDS

In an average workday, employee is required to:

Approximate Amount of Time per Day (in hours)

	0 - 2	2 - 4	4 - 6	6+	N/A
Sit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stand	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walk or Move About	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bend, Stoop, or Twist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Climb Ladders or Step Stools (ascend/descend)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stairs (ascend/descend)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reach Outward, Above and Below Shoulder	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Squat, Crouch, Kneel, or Crawl	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Balance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Push or Pull					
Usual amount _____ lbs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Max amount _____ lbs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lift					
Usual amount _____ lbs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Max amount _____ lbs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Carry					
Usual amount _____ lbs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Max amount _____ lbs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is employee able to change positions? ☐ Never ☐ Occasionally ☐ Frequently ☐ As Needed

Use feet for repetitive movements as in operating foot controls:

Right: ☐ Yes ☐ No Left: ☐ Yes ☐ No Both: ☐ Yes ☐ No

DEXTERITY REQUIREMENTS

Employee must use hands and wrist motion for repetitive action such as:

	Right		Left	
Simple grasping	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Firm Grasping	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Fine Manipulation	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
Picking or Pinching	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No

ENVIRONMENTAL CONDITIONS

Approximate Amount of Time per Day (in hours)

	<u>0 - 2</u>	<u>2 - 4</u>	<u>4 - 6</u>	<u>6+</u>	<u>N/A</u>
Stand on concrete	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walk on uneven or slippery surface	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exposure to electrical hazards	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exposure to dust, smoke, fumes, odors, grease, oil	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exposure to distracting or unpleasant noise or sounds	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exposure to chemicals or toxic materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exposed to vibration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Works in cramped quarters or congested areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Works in extreme temperatures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Works indoors, may or may not have natural light	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Works outdoors, exposed to weather conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Works at heights	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Works with moving machinery or heavy machinery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Works with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Works alone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Works with office equipment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SENSORY DEMANDS

Check all that apply.

<input type="checkbox"/> Hear	<input type="checkbox"/> Touch	<input type="checkbox"/> Near Vision	<input type="checkbox"/> Depth Perception
<input type="checkbox"/> Speak	<input type="checkbox"/> Smell	<input type="checkbox"/> Night Vision	<input type="checkbox"/> Spatial Perception
<input type="checkbox"/> Taste	<input type="checkbox"/> Color Vision	<input type="checkbox"/> Far Vision	

ACKNOWLEDGEMENT

The above position description is intended to describe the general nature and level of work being performed. It is not intended to be construed as an exhaustive list of all responsibilities, duties, skills, work schedule, overtime, or travel for the position. Nothing in this position description restricts management's right to assign or reassign duties and responsibilities at any time.

Signature of Employee _____	Date <input type="text"/>
Signature of Supervisor _____	Date <input type="text"/>
	R# <input type="text"/>

DISTRIBUTION

Original - Department File

Copy - Employee

Copy - Human Resources (hr.positiondescription@ttu.edu)