

Date _____

Position Number _____

**NORTHERN MICHIGAN UNIVERSITY
POSITION QUESTIONNAIRE**

Is this a grant position? No (*skip to "Identification"*)
 Yes

Name of grant _____

Account number _____ Grant Director _____

Grant start-date ____/____/____ Grant end-date ____/____/____

Is this "anticipatory advertising" (*still awaiting grant award*)? No Yes

IDENTIFICATION
(*to be completed by employee*)

Name _____

Position _____

Title _____ Department _____

Name of Superior _____ Title of Superior _____

Superior _____ Superior _____

POSITION DESCRIPTION

Description of Duties: List the duties you perform - indicate the approximate percentage of your time devoted to each of them. Begin each statement with an action verb (operates, transcribes, routes, etc.).

Approximate
Percentage
of Time

Use and attach additional sheets, if necessary.

100%

POSITION DESCRIPTION CONTINUED

If this is a request for reclassification, please list the **significant** changes in the **requirements** of this position since it was last classified. If this is a new position, list the most significant aspects of the following criteria:

1. Knowledge and Skills:

2. Responsibility:

3. Effort:

4. Working Conditions:

POSITION DESCRIPTION CONTINUED

Machines or Equipment Operated: Indicate percentage of time spent on each.

Working Conditions: Indicate the number of hours in your regular work week plus any other factors which describe the conditions under which you work.

Supervision Received: Describe how your work is reviewed by your supervisor and frequency of review.

Relationships: Indicate people inside or outside of Northern Michigan University you contact regularly as part of your job - exclude your supervisor and student employees you may supervise.

<u>Title</u>	<u>Frequency of Contact</u>	<u>Title</u>	<u>Frequency of Contact</u>
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Supervisory Responsibility: List number of student employees you supervise.

Comments: List any additional information you feel would be helpful in evaluating your job. Attach additional sheets, if necessary.

Signature _____ Date _____

DO NOT COMPLETE THE FOLLOWING. Please sign the form and forward it to your immediate supervisor for review.

TO BE COMPLETED BY SUPERVISOR

Qualifications Required: Base your comments on the assumption that the position is vacant and it is necessary to select an individual to fill it.

1. Minimum Education:
High school graduation or equivalent:

College level coursework (identify):

2. Specialized Training Programs: (In addition to formal education)

3. Minimum Work Experience: (Kinds and amounts of full-time work experience needed)

<u>Kinds of Experience</u>	<u>Years</u>
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4. Special Knowledge, Abilities or Attributes Needed:

5. Comments on Employee's Description of Duties: (Do not change anything written by the employee. Do not evaluate employee's performance).

Supervisor's Signature _____ Date _____
Executive or Senior
Management Member _____ Date _____

Please forward the completed form to the Human Resources Department. Rev. 1/10/01