

JOB FACT SHEET

This questionnaire asks you about your job--what you do. It is not concerned with your performance on the job. Please take time (we estimate about one hour) to complete it accurately. Attach extra pages or examples if necessary. When you have finished, give it to your immediate supervisor. Your supervisor will review it with you. Each of you sign it when you are satisfied with it. Then return one legible copy as directed.

1. POSITION IDENTIFICATION

Organization Lakehead University Division or Department _____

Campus: _____

Name _____ Position Title _____ Title of Immediate Superior _____

Branch or Section _____ Location _____ Date _____

Approval _____

Signatures _____

(Employee) (Supervisor) (Manager)

2. JOB DESCRIPTION

Consider the major activities or responsibilities you undertake (usually 3 to 6 of them). Describe each of them, by a phrase, at the top of each box. Estimate (to the nearest 5%) the percentage of time per year you spend on each. Then describe each activity using details or examples.

Activity A: _____ (___%)

Activity B: _____ (___%)

Activity C: _____ (____%)

Activity D: _____ (____%)

Activity E: _____ (____%)

3. EDUCATION (Certification if applicable)

- (a) What should be the minimum schooling or certification (if applicable) for a new person being hired into this job?

- (b) Is any Provincial or other vocational Mandatory ☐ Please Specify: _____
or professional certification or degree: Preferred ☐

- (c) What special skills or training are needed to perform job or operate equipment? (Specify equipment operated.)

4. EXPERIENCE

How much concentrated, "on-the-job" learning time should be required for a new person with education as in 3 to achieve competence on this job?

About: ☐ 1 month ☐ 3 months ☐ 6 months ☐ 1 year ☐ 2 years
 ☐ 3 years ☐ 5 years ☐ 7 years ☐ More ☐ 10 years

5. INITIATIVE (INDEPENDENCE OF ACTION)

- (a) List 3 decisions you make or duties you perform without reference to superiors or subsequent checks. a superior.
- (b) List 3 decisions on which you seek consultation with, or approval from

1.

1.

2.

2.

3.

3.

- (c) What guidelines, procedures, manuals, etc. are available to guide your decision-making and actions?

- (d) State any financial responsibilities (and amounts) your job involves, e.g. budget, sales, revenues

6. IMPACT OF ERRORS

Describe 2 typical major errors that could **reasonably** be made in your job, even with due care. Indicate the worst consequences, e.g. waste, delays, time lost, money lost, injury, damage, effect on people.

1.

2.

3.

7. WORKING WITH OTHERS (Excluding those supervised - see 9)

With whom are you required to work in doing your job? Use titles. (In Person; Telephone; Writing.)

People Contacted

How Often

Purpose

Within
Organization

Outside
Organization

8. SUPERVISION OR DIRECTION EXERCISED

Name any jobs or work group you supervise under one or more of these categories:

- (a) Assign and check work of others doing work similar to yours.
- (b) Provide technical or functional guidance to other staff
- (c) Supervise a work group; assign work to be done, methods to be used, and take responsibility for all the work of the group.
- (d) Manage the work, practices and procedures of a unit. Responsible for appraisal, discipline, hiring and replacing personnel.
- (e) Other (specify)

9. EMPLOYEES SUPERVISED

Enter in appropriate box the total actual number of staff for whose work you are fully accountable.

	1-3	4-10	11-20	21-30	31-60	61-150	151+	
Full Time Employees								Combined Total
Part Time Employees								Full Time Equivalent (2000 hrs/yr)

10. PHYSICAL, MENTAL AND VISUAL DEMANDS

Enter estimated percentage in appropriate box

Explain any condition that applies to your job	Percent of Total Work Time				
	0-5%	5-20%	20-40%	40-70%	Over 70%
Comfortable; few exceptional demands					
Intense visual/listening concentration e.g. _____					
Lifting, carrying, climbing, e.g. _____					
Other heavy physical effort, e.g. _____					

11. WORKING CONDITIONS

- (a) Explain any unpleasant aspects, e.g. heat, cold, odours, noise, work interruptions, outside work, infection, danger.
Minor disadvantages _____

- (b) What is your scheduled work week? _____ (hrs)

What, if any, shift work do you have? _____

Other unusual hours? On call? _____

- (c) Overnight travel: % time away? _____

Driving vehicle during work: % time? _____