

# HIGHER EDUCATION POLICY COMMISSION POSITION INFORMATION QUESTIONNAIRE

## I. EMPLOYEE INFORMATION

DATE: \_\_\_\_\_

INSTITUTION: FAIRMONT STATE

<u>DEPARTMENT USE ONLY</u>	<u>HUMAN RESOURCES USE ONLY</u>
<p><u>CLASSIFICATION REVIEW REQUEST</u></p> <p><input type="checkbox"/> Posting of a Vacant Position  <input type="checkbox"/> New Position  <input type="checkbox"/> Review of Existing Position  <input type="checkbox"/> Other, Explain: _____            _____</p> <p>Dean/Director/Administrator's Signature _____ Date _____</p>	<p>Job Title: _____            Title Code: _____ PG: _____            EEOC #: _____ Employment Status: _____            Benefit Eligible: Yes _____ No _____            FLSA Status: A _____ E _____ P _____ NE _____            Analyst: _____            Date of Action: _____            Effective Date: _____            Comments: _____</p>
<p><b>Present Job Title:</b> _____ <b>Paygrade:</b> _____ <b>Fund #:</b> _____  <b>Area/Org #:</b> _____ <b>Position #:</b> _____  <b>Assignment #:</b> _____  <b>Department, College, or School:</b> _____ <b>Unit/Division:</b> _____  <b>Scheduled Hours Worked Per Week:</b> _____ <b>Appointment Length:</b> _____  <b>If Temporary Position, Indicate Ending Date:</b> _____</p> <p><b>Incumbent:</b> _____ <b>Campus</b> _____ <b>Social Security Number:</b> _____  <b>Address:</b> _____ <b>Immediate</b> _____ <b>Telephone Number:</b> _____  <b>Supervisor:</b> _____ <b>Campus Address:</b> _____ <b>Title:</b> _____ <b>Telephone</b> _____  <b>Number:</b> _____</p>	

## II. JOB SUMMARY

Briefly describe the general purpose of the job in one or two sentences.

## III. DUTIES AND RESPONSIBILITIES

List and completely explain the current duties and responsibilities of the position. Indicate the average percentage of time spent performing each separate job duty. Describe what the duties and responsibilities are and how they are performed. Consider work performance over a 12-month period. Employees must use their own words to describe duties and responsibilities. The copying of a generic job description or another employee's PIQ verbatim is not acceptable and the PIQ will be returned. The percentages must total 100%. Duties that take less than five (5) percent should be combined into at least five (5) percent.

**% of time**

**Duties and Responsibilities**

**TOTAL OF ALL PERCENTAGES MUST EQUAL 100%**

#### **IV. QUALIFICATIONS**

##### **Education/Knowledge**

1. List the level and type of **minimum** education required to qualify for this position **not** for the incumbent.
  
2. What licenses or certification(s) (e.g. electrician's license) if any, are **required** for the position? Specifically state the reason for this licensure requirement (supervisor's preference, state or federal law, etc.).

3. What specific skills are **required** in order to carry out the duties of the position?

### **Experience**

1. In addition to the knowledge/education, please describe the type and **least** amount of **prior directly related** work experience typically required, if any, for a person coming into this position. Experience listed here is considered as concurrent not cumulative.

Type of Experience Needed

Amount of Experienced Needed (Months/Years)

The knowledge, skills and abilities listed above are typically acquired through the levels of education and experience listed. However, any equivalent combination of education and/or experience which provide an applicant with the listed knowledge, skills and abilities to perform the essential duties and responsibilities of the job is acceptable.

**V. COMPLEXITY AND PROBLEM SOLVING**

This section measures the degree of problem solving required, the types of problems encountered, and how these problems are solved. Consider the amount of judgment and thought required as determined by the complexity of duties. Also consider whether guidelines, standards, and precedents are available to assist in solving problems.

Please list the common types of problems faced in this position and the course of action you take to solve these problems.

**VI. FREEDOM OF ACTION**

This section measures the degree to which the position is structured as is determined by the types of control placed on work assignments. Controls are exercised in the way assignments are made, how instructions are given to the employee, how work assignments are checked, and how priorities, deadlines and objectives are set. Controls are exercised through established precedents, policies, procedures, laws and regulations which tend to limit the employee's freedom of action.

1. Describe the type of guidance and review the supervisor gives the incumbent in this job and how often (i.e., daily, weekly) the supervisor checks or inspects the work.

Type of Guidance and Review

How Often

2. Describe the policies and procedures or formal regulations which guide the actions in this job.

## VII. SCOPE AND EFFECT

This section measures the position's responsibility for accomplishing the mission of the institution and West Virginia higher education systems. **Describe** the types of decisions regularly required of the position, and how the position's work product supports, guides or develops the goals of the work unit, department, and institution. Take into consideration the size of the area that could be affected if the position's duties were performed incorrectly and any long-term affects of such an error. Assume that any error is not due to sabotage, mischief or lack of responsible attention and care for the duties of the position.

## VIII. BREADTH OF RESPONSIBILITY

For what functional area(s) does this job have formal and ongoing management accountability and responsibility? List the specific functional areas of management responsibility and briefly indicate the level of responsibility and accountability with respect to primary activities performed.

Functional Area

Management  
Responsibility/Accountability



**X. DIRECT SUPERVISION EXERCISED**

This section looks at the type of supervision this position has over other employees. Consider the degree of direct supervision exercised over others in terms of the level of subordinate jobs in the organization and the nature of work performed. Only the formal assignment of such responsibility should be considered; informal work relationships should not be considered. Supervision of student workers may be taken into account if they are essential to the daily operation of the unit. Do not include temporary or contract employees. **The Human Resources Office will verify the types of employees supervised.**

1. Are you responsible for assigning tasks and monitoring the work of others (lead)?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_

Title \_\_\_\_\_ Headcount \_\_\_\_\_ Total FTE (to be verified by HR Office)

2. Are you responsible for hiring, firing, performance appraisals, etc. for others?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_

Title \_\_\_\_\_ Headcount \_\_\_\_\_ Total FTE (to be verified by HR Office)

3. Does this position supervise students who are essential to the daily operations of the Unit?  
Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please indicate the total number of FTE students supervised and briefly describe the function of the students.

Function \_\_\_\_\_ Headcount \_\_\_\_\_ Total FTE (to be verified by HR Office)

**XI. INDIRECT SUPERVISION EXERCISED (Supervision over first-line supervisors)**

This section considers the position's responsibility for the indirect supervision of subordinates informal work relationships are not considered. Indicate the number of indirect employees under this position's line of authority. The number of subordinates should be reported in full-time equivalency (FTE) and not head count.

1. List the official title(s) of the employee(s) this position indirectly supervises.

Title \_\_\_\_\_ Headcount \_\_\_\_\_ Total FTE (to be verified by HR Office)



**ORGANIZATIONAL REPORTING RELATIONSHIPS**

**Complete the following organization chart or attach an organizational chart from your unit/area etc.**

**Primary Level of Supervision**

**Immediate Supervisor's Position Title and Name**

**This Position**

**XII. PHYSICAL COORDINATION**

This section looks at the motor skills involved in performing this job. Consider the following issues; complexity of body movements; speed/timing of movements; precision of movements; and need for close visual attention.

Please give an example of the physical coordination required to perform this job, such as the amount of accuracy required to use a hand or power tool or operate a specific instrument or type of equipment.

**XIII. WORKING CONDITIONS**

This section considers the quality of working conditions as measured by lighting adequacy, temperature extremes and variations, noise pollution, exposure to fumes, chemicals, radiation, contagious diseases, heights and/or other related hazardous conditions.

**Check all items that describe the conditions or environment in which the position works and provide an example:**

- Frequency (FQ):**  
**A = All of the time (90% or more per year)**  
**M = Most of the time (50% or more per year)**  
**S = Some of the time (less than 50% per year)**  
**R = Rarely (less than 10% per year)**  
**N = Never**

	<u>Frequency</u>	<u>EXAMPLE</u>
Normal Office	_____	_____
Use of Computer	_____	_____
Inadequate Ventilation	_____	_____
Extremes in Temperature	_____	_____
Outside Weather Conditions	_____	_____
Wetness/Humidity	_____	_____
Dust/Fumes/Odor	_____	_____
(from normal daily conditions)	_____	_____
Heights (over 10 feet)	_____	_____
Moving Parts	_____	_____
Vibrations	_____	_____
Electrical Current	_____	_____
Excessive Noise	_____	_____
Respirable	_____	_____
(i.e. asbestos, silica, coal, etc.)	_____	_____
Animals	_____	_____
Radiation	_____	_____
Chemicals	_____	_____
Toxic Conditions/Fumes	_____	_____
Contagious Diseases	_____	_____
Body Fluids	_____	_____
Other: _____	_____	_____

#### **XIV. PHYSICAL DEMANDS**

This section measures the physical demands of the job as measured by the exertion placed on the skeletal, muscular and cardiovascular systems of the incumbent. Consider both how much and how often it occurs.

Describe any physical effort in the job, such as standing, lifting, carrying, bending, walking, etc., and list how often (daily, weekly, etc.) it happens.

<u>Physical Effort</u>	<u>How Often</u>
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**XV. DISCLAIMER**

This description does not state or imply that the duties listed are the only duties to be performed by the position incumbent. Justification for information provided in the PIQ may be requested. Employees are required to follow job-related instructions and perform other job-related activities assigned by their supervisor.

All requirements are subject to possible modification in order to provide a reasonable accommodation to individuals with disabilities. Some requirements may exclude individuals who pose a direct threat or significant risk to the health and safety of themselves, students, other employees, or the general public.

**XVI. EMPLOYEE GENERAL COMMENTS**

You may add other information which would be important in understanding your job and which has not been covered in other sections of this form.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**XVII. SUPERVISOR COMMENT SECTION**

This portion of the questionnaire is to be completed by the employee's immediate supervisor. As a supervisor, it is important that you review this questionnaire for accuracy and completeness and note any comments you may have next to the employee's responses and please initial. The space provided is for general remarks you may have. Remember, this questionnaire is intended solely for the purpose of accurately describing the position and not the person or her/his performance.

\_\_\_\_\_  
Immediate Supervisor's Signature

\_\_\_\_\_  
Date

**XIII. MANAGEMENT COMMENT SECTION**

This portion of the questionnaire is reserved for comments by the second-level supervisor and other management staff members, where applicable, who indirectly supervise this position through other supervisors. As the next level of management over this position, it is important that you review this questionnaire and note any comments you may have next to the employee's responses and please initial. The space provided below is for any general remarks you may have. Remember, this questionnaire is intended solely for data purposes of accurately describing the position and not the person or her/his performance.

\_\_\_\_\_  
Second Level Supervisor's Signature

\_\_\_\_\_  
Date

**Effective: November 1, 1998**