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| **A current organizational chart (including the placement of the proposed new position or reallocation) must be included when submitting this document for review. A scanned copy of this form with all required signatures and the organizational chart should be attached to the PAF request form. The original signed copy should be maintained in the departmental files.** |

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| **1.** | **POSITION DATA:** | | | | | | | | |
|  | **Action Requested (Select Only One):** | | | | | | | | |
| **New Position** | | |  | | | | | |
| **Competency Change** | | |  | | | | | |
| **Branch/Role Change** | | |  | | | | | |
| **Update Position Duties Only** | | |  | | | | | |
|  | | | **CURRENT (if applicable)** | **REQUESTED** | | | | |
| **Position # (6 digits): (*Leave blank if new position)*** | | |  |  | | | | |
| **Name of Employee in Position:** | | |  |  | | | | |
| **Branch/Role/Competency:** | | |  |  | | | | |
| **Working Title:** | | |  |  | | | | |
| **2.** | **DEPARTMENT DATA:** | | | | | | | | |
|  | **Name of Position’s Supervisor:** | | |  | **School/Division Name** | |  | | |
| **Supervisor’s Title:** | | |  | **Department Name:** | |  | | |
| **Supervisor’s Position #:** | | |  | **Department Org#** | |  | | |
| **3.** | **PRIMARY PURPOSE OF ORGANIZATIONAL UNIT:** | | | | | | | | |
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| **4.** | **PRIMARY PURPOSE OF THIS POSITION:** | | | | | | | | |
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| **5.** | **CHANGE IN RESPONSIBILITIES OR ORGANIZATIONAL RELATIONSHIP:** | | | | | | | | |
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| **6.** | **DESCRIPTION OF WORK:**   1. Describe the duties and responsibilities of this position. 2. Place an asterisk (\*) next to each **essential** duty (those job duties without which the position could not exist). 3. In the left-hand column, indicate the percent of time the employee spends in each element. 4. The percentage amounts should add up to 100%. Each function should be in increments of 5%. No more than 5% may be “Other duties as assigned”. | | | | | | | | |
|  | **\*** | **%** | **Duties and Responsibilities** | | | | | | |
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|  | **Total = 100%** | |  | | | | | | |
| **7.** | **COMPETENCIES REQUIRED FOR THE POSITION:**  Knowledge, skills, and abilities required for this position. For detailed descriptions of the competency profile standards, please see: [https://hrs.uncg.edu/Class\_and\_Comp/](https://hrs.uncg.edu/Class_and_Comp/%20) | | | | | | | | |
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| **8.** | **MINIMUM RECRUITMENT STANDARDS:** Cut and paste the current minimums for the career banding title from this link: <https://hrs.uncg.edu/Class_and_Comp/> | | | | | | | | |
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| **9.** | **ESSENTIAL POSTING REQUIREMENTS AND ANY SPECIAL PHYSICAL AND MENTAL REQUIREMENTS:** Essential posting requirements must be relevant to the duties and competencies described above. | | | | | | | | |
|  | |  | | --- | | Checklist for determining the General Physical Requirements, Physical Activities, Visual Acuity, and Working Conditions of SPA staff positions | | Essential functions are the fundamental job duties:   * meaning the position exists to perform the function; * there is a limited number of employees among whom the performance of the function can be distributed; * and/or the incumbent is hired for expertise or ability to perform the function due to its high specialization.   The Americans With Disabilities Act of 1990 (ADA) and associated Federal regulations protect qualified individuals with disabilities from discrimination in all areas of employment. To be considered qualified; an individual must be able to perform the essential functions of a position, with or without reasonable accommodation. It is important that the physical tasks associated with the essential functions be identified appropriately so that persons with disabilities can determine if any accommodation is necessary. |  | **GENERAL PHYSICAL REQUIREMENTS:** *Please check the ONE description of general physical requirements that best describes the work requirements of the position.* | | | --- | --- | |  | **Sedentary work**: Exerting up to 10 pounds of force occasionally and/or a negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects, including the human body. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met. | |  | **Light work:** Exerting up to 20 pounds of force occasionally and/or a negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of force greater than that for Sedentary Work and the worker sits most of the time, the job is rated for light work. | |  | **Medium work:** Exerting up to 50 pounds of force occasionally and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects. | |  | **Heavy work:** Exerting up to 100 pounds of force occasionally and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects. | |  | **Very heavy work:** Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force constantly to move objects. |      | **PHYSICAL ACTIVITIES:** *Please check ALL physical activities that apply to the essential functions of the position.* | | | --- | --- | |  | **Climbing:** Ascending or descending ladders, stairs, scaffolding, ramps, poles and the like, using feet and legs and/or hands and arms. Body agility is emphasized. This factor is important if the amount and kind of climbing required exceeds that required for ordinary locomotion. | |  | **Balancing:** Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. This factor is important if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium. | |  | **Stooping:** Bending body downward and forward by bending spine at the waist. This factor is important if it occurs to a considerable degree and requires full use of the lower extremities and back muscles. | |  | **Kneeling**: Bending legs at knee to come to a rest on knee or knees. | |  | **Crouching:** Bending the body downward and forward by bending leg and spine. | |  | **Crawling:** Moving about on hands and knees or hands and feet. | |  | **Reaching:** Extending hand(s) and arm(s) in any direction. | |  | **Standing:** Particularly for sustained periods of time. | |  | **Walking:** Moving about on foot to accomplish tasks, particularly for long distances or moving from one work site to another. | |  | **Pushing:** Using upper extremities to press against something with steady force in order to thrust forward, downward or outward. | |  | **Pulling:** Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion. | |  | **Lifting:** Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. This factor is important if it occurs to a considerable degree and requires the substantial use of the upper extremities and back muscles. | |  | **Fingering:** Picking, pinching, typing or otherwise working, primarily with fingers rather than with the whole hand or arm as in handling. | |  | **Grasping:** Applying pressure to an object with the fingers and palm. | |  | **Feeling:** Perceiving attributes of objects, such as size, shape, temperature or texture by touching with skin, particularly that of fingertips. | |  | **Talking:** Expressing or exchanging ideas by means of the spoken word. Those activities in which they must convey detailed or important spoken instructions to other workers accurately, loudly, or quickly. | |  | **Hearing**: Perceiving the nature of sounds at normal speaking levels or without correction. Ability to receive detailed information through oral communication, and make fine discriminations in sound. | |  | **Repetitive Motions:** Substantial movements (motions) of the wrists, hands, and/or fingers. |      | **VISUAL ACUITY:** *Please check the ONE description of visual acuity requirements (including color, depth perception, and field of vision), that best describes the requirements of the position.* | | | --- | --- | |  | The worker is required to have close visual acuity to perform an activity such as: preparing and analyzing data and figures; transcribing; viewing a computer terminal; expansive reading; visual inspection involving small defects, small parts and/or operation of machines (including inspection); using measurement devices; and/or assembly of fabrication of parts at distances close to the eyes. | |  | The worker is required to have visual acuity to perform an activity such as: operating machines such as lathes, drill presses, power saws and mills where the seeing job is at or within arm's reach; performing mechanical or skilled trades tasks of a non-repetitive nature such as carpenters, technicians, service people, plumbers, painters, mechanics, etc. | |  | The worker is required to have visual acuity to operate motor vehicles or heavy equipment. | |  | The worker is required to have visual acuity to determine the accuracy, neatness, thoroughness of work assigned (i.e., custodial, food services, general labor, etc.) or to make general observations of facilities or structures (i.e., security guard, inspection, etc.) |      | **WORKING CONDITIONS**: *Please circle ALL conditions the worker is subject to in performing the essential functions of the position.* | | | --- | --- | |  | The worker is subject to inside environmental conditions: Protection from weather conditions but not necessarily from temperature changes. | |  | The worker is subject to outside environmental conditions: No effective protection from weather. | |  | The worker is subject to both environmental conditions: Activities occur inside and outside. | |  | The worker is subject to extreme cold: Temperatures typically below 32 degrees for periods of more than one hour. Consideration should be given to the effect of other environmental conditions such as wind and humidity. | |  | The worker is subject to extreme heat: Temperatures above 100 degrees for periods of more than hour. Consideration should be given to the effect of other environmental conditions such as wind and humidity. | |  | The worker is subject to noise: There is sufficient noise to cause worker to shout in order to be heard above the ambient noise level. | |  | The worker is subject to vibration: Exposure to oscillating movements of extremities or whole body. | |  | The worker is subject to hazards: Includes a variety of physical conditions, such as proximity to moving mechanical parts, moving vehicles, electrical current, working on scaffolding and high places, exposure to high heat or exposure to chemicals. | |  | The worker is subject to atmospheric conditions: One or more of the following conditions that affect the respiratory system of the skin: Fumes, odors, dusts, mists, gases or poor ventilation. | |  | The worker is subject to oils: There is air and/or skin exposure to oils and other cutting fluids. | |  | The worker is required to wear a respirator. | |  | The worker frequently is in close quarters, crawl space, shafts, manholes, small, enclosed rooms, small sewage and water line pipes, and other areas which could cause claustrophobia. | |  | The worker is required to function in narrow aisles or passageways. | |  | The worker is exposed to infectious diseases. | |  | The worker is required to function around prisoners or mental patients. | |  | None: The worker is not substantially exposed to adverse environmental conditions (such as in typical office or administrative work). | | | | | | | | | |
| **10.** | **PREFERRED POSTING REQUIREMENTS:** | | | | | | | | |
|  | **Preferred Qualifications:** | | | | | | | | |
| **11.** | **Does this position supervise other permanent employees?** | | | |  | **YES** | |  | **NO** |
|  | **If yes, then enter number of direct reports:** | | | |  | | | | |
| **12.** | **CERTIFICATION**  Employee signature is required if position is currently filled. Two levels of management signatures are required. An HR Officer or Representative may sign for leadership if they have been delegated signature authority. | | | | | | | | |
|  | **Supervisor’s Certification:** *I certify that the information provided on this position description is a complete and accurate description of this position’s responsibilities and duties and that I have verified (and reconciled as needed) its accuracy and completeness with the incumbent employee.*  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_  **Employee’s Certification:** *I certify that I have reviewed this position description and that it is a complete and accurate description of my responsibilities and duties.*  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_  **Department Head or Authorized Representative’s Certification:**  *I certify that this is an authorized, official position description of the subject position.*  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |