

Position Identification

Check Spelling

.....
Position Title

.....
Department and Location

.....
Name Telephone

.....
Date

.....
How long have you been in this position?

.....
Your immediate Supervisor's/Manager's Name/Title His or Her Telephone

.....
Dean's/Director's Name/Title Dean/Director's Telephone

.....
Date Submitted to Dean/Director Dean/Director's Initials

| |
|------------------------|
| FOR HR USE ONLY |
| Position Number: _____ |
| Pay Grade: _____ |
| Evaluation Date: _____ |

| |
|-----------------------------|
| RECEIVED IN HR STAMP |
|-----------------------------|

Position Summary

Please summarize the overall purpose and key objectives of this job.

Manager's Comments

Duties and Activities

Please describe the duties and activities you regularly perform, indicating for each the percentage of time you spend on each activity, the frequency of occurrence and the relative importance of the activity. Please combine those activities that are similar in nature. (e.g. clerical duties, administrative duties)

| Total Time: 100% | Frequency | % of Time | Order of Importance | Manager's Comments |
|----------------------------|------------|-----------|---------------------|--------------------|
| Activity 1 - Activity Name | Choose One | 15 | 1 | |
| Description | | | | |
| Activity 2 - Activity Name | Choose One | 15 | 2 | |
| Description | | | | |
| Activity 3 - Activity Name | Choose One | 15 | 3 | |
| Description | | | | |
| Activity 4 - Activity Name | Choose One | 15 | 4 | |
| Description | | | | |

Duties and Activities *....continued*

| | Frequency | % of Time | Order of Importance | Manager's Comments |
|----------------------------|-------------------|-----------|---------------------|---------------------------|
| Activity 5 - Activity Name | Choose One | 10 | 5 | |
| Description | | | | |
| Activity 6 - Activity Name | Choose One | 10 | 6 | |
| Description | | | | |
| Activity 7 - Activity Name | Choose One | 10 | 7 | |
| Description | | | | |
| Activity 8 - Activity Name | Choose One | 10 | 8 | |
| Description | | | | |

1. Education

1.(a) **What minimum formal training and/or educational level is REQUIRED to do this job? *Note: Requirements to competently perform this job.*** (Select only one of the following choices, use the spacebar if you do not have a mouse)

- Less than high school
- High school or equivalent
- High school plus additional course work
- One year certificate/diploma
- Two year certificate/diploma
- Three year certificate/diploma
- University undergraduate degree
- Graduate degree
- Additional training/Doctorate
- Other (specify, including length of training)

Comments:

Certificate(s) or License(s) in addition to the above. (e.g. CGA, P. Eng., Trades Qualifications)

Please describe why the selected Education level is required.

Qualifications: What additional skills, training courses and/or qualifications are required for this job?

Manager's Comments

2. Experience

2.(a) **How much "minimum" prior related work experience is required for someone to perform this job competently? Please tell us what is NEEDED for this job, not how much experience you have.**

- Less than 1 month required
- More than 1 month but less than 6 months
- More than 6 months but less than 12 months
- More than 1 year but less than 2 years
- More than 2 years but less than 3 years
- More than 3 years but less than 5 years
- More than 5 years but less than 7 years
- More than 7 years but less than 10 years
- More than 10 years

Why? Please provide a description of the related work experience required. (e.g. supervisory, budget, computer literacy)

2.(b) **How much on-the-job learning time is required for someone to perform this job competently?**

- Less than 1 month required
- More than 1 month but less than 3 months
- More than 3 months but less than 6 months
- More than 6 months but less than 12 months
- More than 12 months

Why? Please give examples of the job duties you were considering in making your determination.

Manager's Comments

3. Complexity

3.(a) Would you say this work is: (Please check only one of the following choices, use the spacebar if you don't have a mouse.)

- Very Structured (always follows established procedures)
- Structured (usually follows established procedures)
- Moderately Structured (can choose procedures and adapt work methods as necessary)
- Unstructured (uses own ideas and may be involved in the development of procedures)

Please describe an example illustrating your choice.

3.(b) Please give examples of the most complex or difficult problems you are required to solve. How often do you resolve problems of this nature?

Manager's Comments

3. Complexity *...continued*

3.(c) Please describe the kinds of planning and organizing required in this job.

3.(d) Describe creative elements of this job. (e.g. development of a new work tool, work method and/or plan)

Manager's Comments

4. Dexterity

Many jobs require accurate hand/eye or hand/foot coordination. These can be movements such as keyboarding, using a cash register, using long-handled or precision tools, welding, painting, drafting, grafting, sewing or soldering, etc.

Please give specific examples of the duties the employee is required to perform that require accurate hand/eye or hand/foot coordination.

| ACTIVITY (Give examples) | How long do you do this before you take a break? (check <u>only one</u>) | | | How often does this occur? (check <u>only one</u>) | | |
|-----------------------------|---|--------------------------|--------------------------|--|-----------------------------|--------------------------|
| | Up to one hour | One to Two hours | Over two hours | Once in a while | Several times per day | Most working hours |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Manager's Comments

5. Physical Effort

What physical effort is required on a regular basis for this position? Please indicate the activity as well as how long and how often during a normal working day each activity is performed. (e.g. sitting, standing, walking, climbing, crawling, crouching in small places, lifting and/or carrying light, medium or heavy objects or people, pushing, pulling, working in an awkward position or maintaining one position for a long period of time without the ability to change position such as sitting at a switchboard)

| ACTIVITY (Give examples) | How long is this done before the employee can take a break? (check <u>only one</u>) | | | How often does this occur? (check <u>only one</u>) | | |
|-----------------------------|--|--------------------------|--------------------------|--|-----------------------------|--------------------------|
| | Up to one hour | One to two hours | Over two hours | Once in a while | Several times per day | Most working hours |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Manager's Comments

5. Physical Effort (cont...)

If lifting things or people, please indicate the maximum weight and the frequency.

| Weights | Occasionally Once in a while (check one) | Frequently Several times daily or almost every day (check one) | Continuously All working hours (except breaks) (check one) |
|---|---|--|--|
| Light weight (1-20 lbs. Or 1-9 kg) Type example here | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Med. Weight (21-35 lbs. Or 9-16 kg) Type example here | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Heavy weight (over 35 lbs. or 16 kg) Type example here | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

6. Mental Effort

What mental, visual and/or listening attentiveness is required on a regular basis in carrying out these job duties? (e.g. demand for close attention to detail, reading fine print, editing, fine electrical or mechanical work, monitoring dials, using a microscope, using a word processor or computer, driving vehicles, transcribing from tape, interviewing, unpredictable/constantly changing deadlines, multiple deadlines, etc.) **In a normal working day, how long and how often do you do this?**

| ACTIVITY (Give examples) | How long is the employee expected to do this before taking a break? (check one) | | | How often does this occur? (check one) | | |
|--|--|--------------------------|--------------------------|---|--------------------------|--------------------------|
| | Up to one hour | One to Two hours | Over two hours | Once in a while | Several times per day | Most working hours |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Must attention be shifted frequently from one job detail to another? <input type="checkbox"/> No <input type="checkbox"/> Yes (please give examples) | | | | | | |

Manager's Comments

7.(d) Which of the following most often applies to what is required for this job? (Please check only one box)

| | | |
|--|--|---------------------------|
| <input type="checkbox"/> | Follow specific instructions/procedures exactly. | Manager's Comments |
| <input type="checkbox"/> | Use well-defined methods and procedures as guidelines for assignments. | |
| <input type="checkbox"/> | Select from established guidelines to achieve desired end results. | |
| <input type="checkbox"/> | Modify or change established methods and procedures, but stay within program or legislative boundaries. | |
| <input type="checkbox"/> | Develop new solutions to diverse and complex problems with conflicting requirements because there are no guidelines. | |
| Provide a specific example of the above in the space provided. | | |
| If there are others, please give specific examples. | | |

7.(e) With whom should the employee consult before making a major decision? Please check all the boxes that apply and provide specific examples of the decisions in the space provided.

| | | |
|--------------------------|--|---------------------------|
| <input type="checkbox"/> | The immediate supervisor | Manager's Comments |
| Example | | |
| <input type="checkbox"/> | Peers in own department/division | |
| Example | | |
| <input type="checkbox"/> | Co-workers in own department/division | |
| Example | | |
| <input type="checkbox"/> | Peers in other departments/divisions | |
| Example | | |
| <input type="checkbox"/> | Workers in other departments/divisions | |
| Example | | |
| <input type="checkbox"/> | Sources above the immediate supervisor | |
| Example | | |
| <input type="checkbox"/> | Others | |
| Example | | |

8. Supervision

8.(a) If providing direction/guidance, and/or training for others, please complete this section by checking the functions (if any) which are part of this job.

- Does not apply
- Recruiting and hiring
- Providing orientation to new employees
- Providing training to other employees
- Providing on-the-job guidance, direction and assistance
- Providing feedback
- Checking or reviewing work
- Scheduling, organizing and coordinating work
- Assessing performance
- Handling discipline problems
- Determining compensation and rewards
- Planning career promotions and longer-term employee development
- Building morale and employee relations
- Counseling employees on work related or personal matters
- Acting as a role model or mentor and,
- Terminating

Manager's Comments

8.(b) If the supervision of others is required on an on-going basis, please list the number of people that this employee will supervise. Include full-time and part-time employees, students and volunteers. For part-time employees, students and volunteers, please state the number of hours.

| Title of position supervised | Number of full-time people supervised | Part-time (Hours) | Students (Hours) | Manager's Comments |
|------------------------------|---------------------------------------|-------------------|------------------|---------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

9. Impact

9.(a) Which statement(s) best describe(s) the likely consequences of an error in doing this job?

- Primarily affects this department
- Impacts on operation of UNBC activities
- UNBC and general public's perception of UNBC
- Safety of self and others
- Employee morale
- Loss of own time to correct error
- Loss of other's time to correct error
- Waste or financial loss
- Impact on meeting regulatory requirements and reporting

Please explain your answers to each of the boxes you selected.

How would such errors be discovered?

- By the supervisor/co-worker
- By other department
- By the public
- By students
- By regulatory agencies
- Other (Please Specify

Manager's Comments

9. (b) In the event that an error made as part of NORMAL work, but undetected, what is the probable effect of such an error in any one occurrence. Give precise examples of errors and explain their impact.

| | Not Applicable | LOW Not likely to happen | MEDIUM Happens not very often | HIGH Often a possibility |
|--|--------------------------|--------------------------------|--|--------------------------------|
| (a) Delay, confusion, inconvenience or misunderstandings. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Explanation

| | | | | |
|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (b) Damage to equipment. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

Explanation

| | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| (c) Injury to another employee or to non-employees while on the job. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|--------------------------|

Explanation

| | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| (d) Loss of money resources. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|

Explanation

Manager's Comments

9.(b) continued...

| | Not Applicable | LOW Not likely to happen | MEDIUM Happens not very often | HIGH Often a possibility |
|--|--------------------------|-----------------------------|----------------------------------|-----------------------------|
| (e) Embarrassment to an employee or to the corporation. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Explanation | | | | |
| (f) Operational deficiencies, such as overtime, turnover, equipment downtime. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Explanation | | | | |
| (g) Poor management decisions affecting revenues/expenditures. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Explanation | | | | |
| (h) Litigation against the institution. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Explanation | | | | |
| (i) Other: (Please explain below) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Explanation | | | | |
| Manager's Comments | | | | |

10. Contacts

Manager's Comments

10.(a) What is the nature of your usual contacts with others in this job? For each contact listed below, check the appropriate code. You may choose more than one code for each contact.

CODES

- A No exchange of information
- B Exchange of factual or everyday information
- C Explanation and interpretation of ideas and information
- D Discussion of problems with a view to obtaining consent or cooperation
- E Contacts require discussion of confidential data and/or sensitive issues

| CONTACTS | A | B | C | D | E |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Employees in the same department | <input type="checkbox"/> |
| 2. Employees in another department | <input type="checkbox"/> |
| 3. Heads of departments or services | <input type="checkbox"/> |
| 4. Students | <input type="checkbox"/> |
| 5. Suppliers/distributors/contractors | <input type="checkbox"/> |
| 6. Regulatory agencies/other institutions/ government | <input type="checkbox"/> |
| 7. General Public | <input type="checkbox"/> |
| 8. Volunteers | <input type="checkbox"/> |
| 9. Trainees | <input type="checkbox"/> |
| 10. Other (Specify) | <input type="checkbox"/> |

Please provide examples for each of your selections.

10.(b) Indicate how often any of the following communication situations are required in this job.

| Select <u>only one</u> box per item. | Not Applicable | More than once per month | 1-4 times per month | More than once per week | Daily |
|--|--------------------------|-----------------------------------|------------------------------|----------------------------------|--------------------------|
| (a) Exchanging information including relaying messages answering telephones, explaining procedures or explaining how to fill out forms. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Answering questions from students, employees, contractors, and members of the public, on the telephone or in person. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Informing individuals about such things as services, programs, policies, procedures, etc., or reporting/presenting information on seminars/workshops attended. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Chairing meetings or leading work group/committee decisions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Conducting interviews (assessment or evaluations). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) Making formal presentations of complex information presenting in-house courses or seminars, leading a work group, etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Manager's Comments

10.(c) How often does this job require the following qualities:

| Select only one box per item. | Rarely or never | Some-times | Fairly Often | Very Often |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| (a) Ordinary courtesy to maintain working relationships. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Courtesy and tact to explain/exchange data or information. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Tact and discretion to deal with or settle requests complaints or clarification of information. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Tact and diplomacy to handle contacts that are difficult or specialized, and for the discussion and resolution of problems by presenting or obtaining detailed information. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Tact, diplomacy and human relations skills required for frequent contacts that are difficult, specialized or of a sensitive nature for the purposes of influencing, persuading, or securing the co-operation of others. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) Contacts are a major element of the job requiring considerable communication and human relations. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Manager's Comments

11. Working Conditions

11.(a) Is there some degree of unpleasantness in the day-to-day activities of your job that cannot be changed? Disregard elements that do not apply to you. (Check only one of "Infrequently", "Occasionally", "Frequently" and "Continuously")

| | Infrequently | Occasionally | Frequently | Continuously |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Boilers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Dust/grime | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Moisture | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Chemical substance/acid | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Grease/oil | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Inadequate lighting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Extreme temperature | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Odour | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Noise (including constant background noise) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Vibration | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Infectious disease | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Inadequate ventilation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Isolation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lack of work space | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Outdoor work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Video display terminal | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Physical danger /threats | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (Specify) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Verbal abuse from the public | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Rudeness or profanity from the public | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Manager's Comments

11.(b) What precautions do you need to take to avoid work injury? (Select only one box per item)

| | Infrequently | Occasionally | Frequently | Continuously |
|---------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Uniforms | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Lab coats | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Eye protection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Safety shoes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ear protection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gowns and masks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gloves | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Respiratory mask | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gas protector/chemical clothing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Parkas | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hard Hats | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (Specify) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How much overnight travel is required by your position on a monthly basis? Explain.

Does this position require the employee to be on call 24 hours or require callback? Explain.

Manager's Comments

12. Work pressure and stress

Is there some degree of pressure and stress in the day-to-day activities of this job? Disregard conditions that do not apply. (Check only one of "Infrequently", "Occasionally", "Frequently" and "Continuously")

| Please provide examples for each of your selections. | Infrequently | Occasionally | Frequently | Continuously |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Interruptions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | |
| Deadlines | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | |
| Shortage of staff/heavy workload | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | |
| Interpersonal conflict | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | |
| Frustrating working conditions (where achievement of job objectives are not met) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | |
| Other (Specify) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | |

Manager's Comments

13. Your comments (If completed by employee, please make any additional comments about your job that are not covered by this questionnaire. Attach additional pages if necessary)

14. Supervisor's/Manager's Comments

After reviewing the questionnaire, please discuss any comments with the employee, sign and forward to your supervisor/manager.

Approval

Employee (If completed by employee)

Date

Supervisor/Manager

Date

Dean/Director

Date

Vice President Administration & Finance (if applicable)

Date

Vice President Academic & Provost (if applicable)

Date

Vice President Research (if applicable)

Date

President (if applicable)

Date