

## Staff Position Description

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### Position Information

<b>Position Title:</b>		<b>Supervisor:</b>	
<b>Position #:</b>		<b>Supervisor Position #:</b>	
<b>Department:</b>		<b>Business Manager:</b>	
<b>Incumbent or New:</b>			
<b>Requester:</b>		<b>Date:</b>	
<b>Comp Reviewer:</b>		<b>Date:</b>	

### Job Summary *(a high-level overview of the position; may be used in job posting)*

## Qualifications:

### Education

Required:

Preferred:

Will experience be accepted in lieu of education?

### Experience

Required:

Preferred:

### Knowledge, Skills and Abilities

## Schedule

Standard Schedule (Monday – Friday, 8am – 5pm

Shift Differential\*    Yes    No

Non Standard Schedule (explain):

*\* Shift differential is paid when at least 4 hours are scheduled between 4pm and 8am.*

## Supervision

*Number and type of employees (i.e., professional staff, support staff, student employees, etc.) supervised*

Direct Reports:

Indirect Reports:

## Job Responsibilities and Duties

*It is understood that other duties may be assigned as needed, but the core duties and responsibilities of this position are:*

*% of Time*

## Job Responsibilities and Duties (continued)

*% of Time*

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## Position Supplement

*This section can be used to add additional information: make comments, provide specific information for standard position descriptions, add information that won't fit in designated spaces above, etc.*

### Job Information

*Compensation will complete this section*

**Job Title:**

**Job Family:**

**Sub Family:**

**Job Code:**

**Career Stream/Level:**

### Signatures

As supervisor of this position, I am certifying that this description is an accurate reflection of the primary purpose of the position and that the essential duties and responsibilities listed are those that the employee in this position is expected to perform. It does not limit or modify my responsibility or authority to assign and direct the work of the employee.

Supervisor

Date

Department Head, if different

Date

Business Manager

Date

## Staff Position Description

### Physical Requirements, Environmental & Hazardous Specifications

Please indicate any physical, environmental and hazardous conditions under which the essential Responsibilities and Duties of the position are performed.

#### PHYSICAL REQUIREMENTS

- |   |   |
|---|---|
| <input type="checkbox"/> SEDENTARY Activity: Lift and carry up to 10 lbs. occasionally; work involves sitting most of the time. | <input type="checkbox"/> MODERATE PHYSICAL ACTIVITY: Lift and carry 25 to 50 lbs. frequently, and up to 60 lbs. occasionally. |
| <input type="checkbox"/> LIMITED PHYSICAL ACTIVITY: Lift and carry up to 10 lbs. frequently, and up to 20 lbs.                  | <input type="checkbox"/> HEAVY PHYSICAL ACTIVITY: Lift and carry 50 to 80 lbs. frequently, and up to 100+ lbs.                |
| <input type="checkbox"/> LIGHT PHYSICAL ACTIVITY: Lift and carry 10 to 25 lbs. frequently, and up to 40 lbs. occasionally.      | Occasional = <50 percent of the time<br>Frequent = >50 percent of the time  |

#### MACHINE, TOOLS, ELECTRONIC & OFFICE EQUIPMENT *(Equipment used to perform the essential functions of the position)*

- |    |    |      |
|----|----|------|
| 1. | 4. | 7.   |
| 2. | 5. | 8.   |
| 3. | 6. | 9. ■ |

#### ENVIRONMENTAL & HAZARDOUS CONDITIONS *(Indicate the conditions related to the essential functions of the position)*

- Percent of time working  
Indoors: \_\_\_\_\_ %  
Outdoors: \_\_\_\_\_ %
- Respiratory conditions with exposure to:
 

<input type="checkbox"/> Fumes/Vapors	<input type="checkbox"/> Odors	<input type="checkbox"/> Inadequate ventilation
<input type="checkbox"/> Dust	<input type="checkbox"/> Gases	<input type="checkbox"/> Other <i>(please list):</i>
- Skin conditions with exposure to:
 

<input type="checkbox"/> Toxic chemicals	<input type="checkbox"/> Burn	<input type="checkbox"/> Other <i>(please list):</i>
<input type="checkbox"/> Radiation	<input type="checkbox"/> Electrical shock	
- Working conditions with exposure to:
 

<input type="checkbox"/> Heavy Machinery	<input type="checkbox"/> Extreme heat (above 90°)	<input type="checkbox"/> Vibration
<input type="checkbox"/> Steam pipes and/or tunnels	<input type="checkbox"/> Machinery with moving parts	<input type="checkbox"/> Lasers
<input type="checkbox"/> Biologicals and/or chemicals	<input type="checkbox"/> High voltage electric	<input type="checkbox"/> Cramped quarters
<input type="checkbox"/> Extreme cold (below 32°)	<input type="checkbox"/> Grease and oils	<input type="checkbox"/> Use of sharp objects
<input type="checkbox"/> Handling/maintaining animals	<input type="checkbox"/> Infectious diseases	<input type="checkbox"/> Noise <i>(must shout to be heard)</i>
<input type="checkbox"/> Scaffolding and high places	<input type="checkbox"/> Other <i>(please list):</i>	