

Position Description

Save the document in a named file prior to completing any field.

Transaction Type _____ Date Submitted _____

Department _____ Org Code _____

Title _____ Extended Title (if applicable) _____

Position Code _____ Position # _____ Security Sensitive Level: Level I Level II

Last Name _____ First Name _____ Middle Initial _____

R # _____

Reports To:

Last Name _____ First Name _____ Middle Initial _____

R# _____ Title _____

Hours/Shift:	From	To
<input type="checkbox"/> Monday	____ <input type="checkbox"/> AM <input type="checkbox"/> PM	____ <input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="checkbox"/> Tuesday	____ <input type="checkbox"/> AM <input type="checkbox"/> PM	____ <input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="checkbox"/> Wednesday	____ <input type="checkbox"/> AM <input type="checkbox"/> PM	____ <input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="checkbox"/> Thursday	____ <input type="checkbox"/> AM <input type="checkbox"/> PM	____ <input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="checkbox"/> Friday	____ <input type="checkbox"/> AM <input type="checkbox"/> PM	____ <input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="checkbox"/> Saturday	____ <input type="checkbox"/> AM <input type="checkbox"/> PM	____ <input type="checkbox"/> AM <input type="checkbox"/> PM
<input type="checkbox"/> Sunday	____ <input type="checkbox"/> AM <input type="checkbox"/> PM	____ <input type="checkbox"/> AM <input type="checkbox"/> PM

Is overtime required? Yes No

Specify: _____

Is travel required? Yes No

Specify: _____

Other: _____

JOB SUMMARY

Position description from [TexasTechPayPlan](#)

ESSENTIAL JOB FUNCTIONS

A job function inessential if removal of that function would fundamentally change the job. Things to consider when determining functions that are essential: Does the job exist to perform that function? Can the function only be performed by a limited number of employees? Does the employee spend a significant amount of time performing this function? If you answered yes, then it is likely to be considered an essential function. If failure to perform a function has adverse affects, it is also likely to be an essential function.

List the essential functions of this job below. Attach separate pages if necessary for additional essential job functions.

GLOBALCOMPETENCIES *continued*

8. Relationship with Others

Respectful, cooperative, and effective in getting along with a diverse group of employees and customers

9. Adaptability

Effectively adjusts to change

10. Communication (oral and written)

Expresses ideas/information in a complete, clear, concise, organized, and timely manner; actively listens to others and is open to suggestions

11. Accountability

Accepts responsibility for job performance

12. Job Knowledge

Demonstrates an understanding of knowledge specific to the job

LEVEL OF SUPERVISION RECEIVED

Describe the amount of supervision this position receives.

- Extensive**
Much direct supervision, work with supervisor
- Moderate**
Access to supervisor and/or lead coworker, when needed
- Limited**
Work is highly autonomous, performs independently

SUPERVISING SUBORDINATES

Describe the amount of time and type of supervision given to subordinates. List number and title of employees supervised.

REQUIRED KNOWLEDGE, SKILLS, AND ABILITIES

The attributes required to perform the job that are generally demonstrated through qualifying service, education, or training.

PREFERRED KNOWLEDGE, SKILLS, AND ABILITIES

Preferred knowledge, skills and abilities, in addition to the required knowledge, skills and abilities.

REQUIRED QUALIFICATIONS

Qualifications from the [Texas Tech Pay Plan](#)

PREFERRED QUALIFICATIONS

Qualifications in addition to the required qualifications.

WORKCONTEXT

How important are the following skills and abilities in accomplishing the essential job functions?

	Not Important	Fairly Important	Important	Very Important	Extremely Important
Public Speaking	<input type="radio"/>				
Face-to-Face Communication	<input type="radio"/>				
Telephone Communication	<input type="radio"/>				
Write Letters, Emails, and Memos	<input type="radio"/>				
Develop and Implement Policies and Procedures	<input type="radio"/>				
Meet Strict Deadlines	<input type="radio"/>				
Responsibility for Outcomes and Results	<input type="radio"/>				
Develop Objectives and Strategies, Strategic Planning	<input type="radio"/>				
Evaluate Information to Determine Compliance	<input type="radio"/>				
Deductive Reasoning, Make Decisions and Solve Problems	<input type="radio"/>				
Manage Processes, Resources, and People	<input type="radio"/>				
Coordinate or Lead Projects and Teams	<input type="radio"/>				

PHYSICAL DEMANDS

In an average workday, employee is required to:

Approximate Amount of Time per Day (in hours)

	0-2	2-4	4-6	6+	N/A
Sit	<input type="radio"/>				
Stand	<input type="radio"/>				
Walk or Move About	<input type="radio"/>				
Drive	<input type="radio"/>				
Bend, Stoop, or Twist	<input type="radio"/>				
Climb Ladders or Step Stools (ascend/descend)	<input type="radio"/>				
Stairs (ascend/descend)	<input type="radio"/>				
Reach Outward, Above and Below Shoulder	<input type="radio"/>				
Squat, Crouch, Kneel, or Crawl	<input type="radio"/>				
Balance	<input type="radio"/>				
Push or Pull					
Usual amount _____ lbs	<input type="radio"/>				
Max amount _____ lbs	<input type="radio"/>				
Lift					
Usual amount _____ lbs	<input type="radio"/>				
Max amount _____ lbs	<input type="radio"/>				
Carry					
Usual amount _____ lbs	<input type="radio"/>				
Max amount _____ lbs	<input type="radio"/>				

Is employee able to change positions? Never Occasionally Frequently As Needed

Use feet for repetitive movements as in operating foot controls:

Right: Yes No Left: Yes No Both: Yes No

