

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 [Texas Tech Pay Plan](#)

**ESSENTIAL JOB FUNCTIONS**

A job function is essential 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.



**GLOBAL COMPETENCIES** *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.*

|  |
|--|
|  |
|--|

Name \_\_\_\_\_

R # \_\_\_\_\_

**WORK CONTEXT**

*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"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Face-to-Face Communication                             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Telephone Communication                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Write Letters, Emails, and Memos                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Develop and Implement Policies and Procedures          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Meet Strict Deadlines                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Responsibility for Outcomes and Results                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Develop Objectives and Strategies, Strategic Planning  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Evaluate Information to Determine Compliance           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Deductive Reasoning, Make Decisions and Solve Problems | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Manage Processes, Resources, and People                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Coordinate or Lead Projects and Teams                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <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"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Stand                                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Walk or Move About                            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Drive                                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Bend, Stoop, or Twist                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Climb Ladders or Step Stools (ascend/descend) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Stairs (ascend/descend)                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Reach Outward, Above and Below Shoulder       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Squat, Crouch, Kneel, or Crawl                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Balance                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>Push or Pull</b>                           |                       |                       |                       |                       |                       |
| Usual amount _____ lbs                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Max amount _____ lbs                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>Lift</b>                                   |                       |                       |                       |                       |                       |
| Usual amount _____ lbs                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Max amount _____ lbs                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>Carry</b>                                  |                       |                       |                       |                       |                       |
| Usual amount _____ lbs                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Max amount _____ lbs                          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <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

Name \_\_\_\_\_

R # \_\_\_\_\_

**DEXTERITY REQUIREMENTS**

*Employee must use hands and wrist motion for repetitive action such as:*

|                     | Right                     |                          | Left                      |                          |
|---------------------|---------------------------|--------------------------|---------------------------|--------------------------|
| Simple grasping     | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| Firm Grasping       | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| Fine Manipulation   | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |
| Picking or Pinching | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Yes | <input type="radio"/> No |

**ENVIRONMENTAL CONDITIONS**

**Approximate Amount of Time per Day (in hours)**

|                                                       | <u>0 - 2</u>          | <u>2 - 4</u>          | <u>4 - 6</u>          | <u>6+</u>             | <u>N/A</u>            |
|-------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Stand on concrete                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Walk on uneven or slippery surface                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Exposure to electrical hazards                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Exposure to dust, smoke, fumes, odors, grease, oil    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Exposure to distracting or unpleasant noise or sounds | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Exposure to chemicals or toxic materials              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Exposed to vibration                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Works in cramped quarters or congested areas          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Works in extreme temperatures                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Works indoors, may or may not have natural light      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Works outdoors, exposed to weather conditions         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Works at heights                                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Works with moving machinery or heavy machinery        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Works with others                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Works alone                                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Works with office equipment                           | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**SENSORY DEMANDS**

*Check all that apply.*

- |                                |                                       |                                       |                                             |
|--------------------------------|---------------------------------------|---------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Hear  | <input type="checkbox"/> Touch        | <input type="checkbox"/> Near Vision  | <input type="checkbox"/> Depth Perception   |
| <input type="checkbox"/> Speak | <input type="checkbox"/> Smell        | <input type="checkbox"/> Night Vision | <input type="checkbox"/> Spatial Perception |
| <input type="checkbox"/> Taste | <input type="checkbox"/> Color Vision | <input type="checkbox"/> Far Vision   |                                             |

**ACKNOWLEDGEMENT**

The above position description is intended to describe the general nature and level of work being performed. It is not intended to be construed as an exhaustive list of all responsibilities, duties, skills, work schedule, overtime, or travel for the position. Nothing in this position description restricts management's right to assign or reassign duties and responsibilities at any time.

\_\_\_\_\_  
Signature of Employee

Date

\_\_\_\_\_  
Signature of Supervisor

Date

R#

**DISTRIBUTION**

Original - Department File

Copy - Employee

Copy - Human Resources ([hr.positiondescription@ttu.edu](mailto:hr.positiondescription@ttu.edu))