



Job Inventory Form
Classification and Compensation Plan

Action Requested:

_____ Establish New Position

_____ Reclassify Existing Position
_____ Position Number

Instructions: If this request is to classify a new or vacant position, the Supervisor or Department Head should prepare this document. If this request is to reclassify a “filled” position, the information should be jointly prepared by the Supervisor or Department Head and the employee. The Department of Human Resources must approve all requests through the appropriate Vice-President prior to any action.

Department _____

College/Division _____

Employee (if applicable) _____

Current Title (if applicable) _____

Proposed Title (limit 30 characters) _____

Current Pay Band (if applicable) _____

1. Indicate how this position relates to others within the unit by completing an organizational chart and attaching to this form.
2. Briefly describe the overall general purpose of this position.
3. In the space below, list the specific tasks which are essential to this position. Indicate the approximate percentage of the total job time that is spent performing each task.

4. Give 2 or 3 examples of decisions routinely made in carrying out job assignments of this position.

5. Indicate the minimum job qualifications in terms of formal education, technical knowledge, prior work experience, special skills, certifications, etc., that are necessary in order to perform the duties and responsibilities expected of the person in this position. Qualifications are not to be “overstated” but should be reflective of the nature of the position.

6. Indicate any conditions in the work environment which may be hazardous or highly unpleasant, i.e. electrical, chemical or biological hazards, excessive noise, extreme temperatures, excessive periods of standing, sitting or walking.

7. If requesting “reclassification”, state the basis for requesting that the position be reclassified, i.e. significant changes in duties, organizational structure change, etc.

Signatures: I certify that the above statements are accurate and, to the best of my knowledge, reflect the true duties of this position and the level of responsibility associated with it.

Employee (if filled) _____ Date _____

Supervisor _____ Date _____

Dean/Director/Unit Head _____ Date _____

Vice Pres./Division Head _____ Date _____