

**JOB FACT SHEET**

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| Please read the instructions on the second page carefully, prior to completing the Job Fact Sheet.  **This job fact sheet is submitted as: New  Reclassification  Update Only**  When completed, submit the typed form, including all required signatures to jobeval@uoguelph.ca. Forward two copies of the submitted Job Fact Sheet: one to the employee and one to be kept on file in the department. |

1. **POSITION IDENTIFICATION**

|  |  |
| --- | --- |
| Department & Position Number  Click or tap here to enter text. | Date: Click or tap to enter a date. |
| Department Name:  Click or tap here to enter text. | College or Directorate:  Click or tap here to enter text. |
| Employee Name:  Click or tap here to enter text. | Position Title:  Click or tap here to enter text. |
| Immediate Supervisor:  Click or tap here to enter text. | Position Title:  Click or tap here to enter text. |
| Room/Bldg. Location:  Click or tap here to enter text. | Employee Group/Bargaining Unit:  Click or tap here to enter text. |
| **APPROVAL SIGNATURES** |  |
|  |  |
| Employee - (Sign above) | Immediate Supervisor - (Sign above) |
|  |  |
| Chair or Department Head  (Sign above, print name and title below)  Click or tap here to enter text. | Dean or Director  (Sign above, print name and title below)  Click or tap here to enter text. |

|  |  |
| --- | --- |
| Date Received in Human Resources: / /  YYYY MM DD | Date Position Evaluated: / /  YYYY MM DD |

P&M Group :: Format fixes Feb 2002, Refreshed 2024

**INSTRUCTIONS FOR COMPLETING THE JOB FACT SHEET**

1. The Job Fact Sheet should be completed in conjunction with your supervisor. If a particular section does not apply, mark it N/A.

2. Keep your descriptions short, simple and to the point. You may wish to use point form. If necessary, attach an additional sheet of information.

3. Be specific. Use numbers when possible, rather than vague terms such as "large" or "small". If you have difficulty explaining an activity, use examples.

4. Rather than just describing what is done, explain how it is done, and what are the results.

5. To estimate the approximate percentage of time spent on each activity listed, use the most appropriate length of time for your particular job. You may calculate the percentage breakdown over a week, month, semester or year.

6. Be sure to describe the activities of the job as they currently exist, not as they may have existed in the past, and not as what may be required in the future.

7. The Job Fact Sheet is used to evaluate the job, not your performance in the job. Be as objective as possible.

8. When completed, discuss the Job Fact Sheet with your supervisor. If any differences arise, try to resolve them to your mutual satisfaction. However, if you do not reach agreement on specific items, you may refer these items to your Chair or Department Head. Human Resources may be consulted to assist with this process.

9. If you have questions regarding the Job Fact Sheet, please email jobeval@uoguelph.ca for assistance.

**JOB FACT SHEET - UNIVERSITY OF GUELPH**

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| **This Job Fact Sheet is intended to reflect the position as it currently exists.** |

1. **GENERAL PURPOSE**Briefly describe the general purpose of your position. Consider “Why does this job exist?” and “What is your job responsible for?”
2. **KEY ACTIVITIES**Consider the major activities or responsibilities you undertake (usually 3 to 6 of them). Using a short phrase, name each activity at the top of each box. Estimate the percentage of time you spend on each. Then describe each activity in detail using examples. (Note: the sum of all activities should add up to 100%)

Activity A: **( %)**

Activity B: **( %)**

Activity C: **( %)**

Activity D: **( %)**

Activity E: **( %)**

1. **EDUCATION AND SPECIFIC TRAINING**
   1. What should be the **minimum** schooling for formal training required for a new person being hired to fulfill the primary activities in this job? Please specify program or area of discipline as appropriate:

Secondary School

Community College,  1 year  2 year  3 year

Undergraduate Degree

Master’s Degree

PhD

Other **(please specify):**

* 1. Is any Provincial or other vocational or professional certification or degree required?  
     (e.g. Registered Nurse, P.Eng., AHT, C.A., Ticketed Trade, etc.)

Mandatory  Preferred   
**Specify Details**:

* 1. Some education programs include an internship prior to graduation and/or certification. If this is necessary, specify the duration of time (enter the value, then click the dropdown to change between months/years)

### month(s)

* 1. What special skills or training are needed to perform job or operate equipment? (e.g. word processing, computer)

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\*

* 1. Specify what equipment you operate on the job (e.g., photocopier, microscope, etc.)

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1. **RELEVANT EXPERIENCE**
   1. How much relevant experience, gained prior to and/or on the job, is required for a new person with the education as in section 4 to achieve competence on this job? Estimate elapsed periods in months or years.  
      (for each, enter the value, then click the dropdown to change between months/years)

|  |  |
| --- | --- |
| **Required previous related job experience**  Experience gained in previous jobs here or elsewhere | ### month(s) |
| **Time on the job**  Elapsed period required to learn new tasks and responsibilities | ### month(s) |
| **Total relevant experience**  Sum of above two time periods | ### month(s) |

* 1. Please elaborate on what type of experience must be obtained.

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1. **JUDGMENT**
   1. What are the expectations of this position when there is a situation you have not come across before?

**For each, select one of: 1 = Almost never, 2 = Once in a while, 3 = Often, 4 = Most of the time**

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| --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** |
| Ask my supervisor what to do. |  |  |  |  |
| Ask co-workers for help in deciding what to do. |  |  |  |  |
| Read manuals, procedures, etc. and figure out what to do. |  |  |  |  |
| Decide with my supervisor what to do. |  |  |  |  |
| Decide what to do based on my previous experience as well as checking guidelines and procedures. |  |  |  |  |
| Get advice with problems from other sources. (i.e. professional resources) |  |  |  |  |
| Other **(please specify):** |  |  |  |  |
| Other **(please specify):** |  |  |  |  |

* 1. In this job, are you required to: (please check all that apply)

Follow specific instructions/procedures exactly

Use well-defined methods and procedures as guidelines for assignments

Use established guidelines to achieve desired end results

Modify or change established methods and procedures, but stay within departmental boundaries

Develop new solutions to diverse and complex problems with conflicting requirements because there are no guidelines

Other **(please specify):**

* 1. Where applicable, please indicate which of the following best describes the nature of your work as it relates to the responsibility for servicing and/or the well-being of clients/student: (please check all that apply)

Affects the health, safety or well-being of clients/students

Affects the provision of client/student service

Provides information to clients/students

Assesses client/student needs

1. **INITIATIVE (INDEPENDENCE OF ACTION)**
   1. List 3 decisions you make or duties you perform without subsequent checks or reference to a supervisor.

1.

2.

3.

* 1. List 3 decisions on which you seek consultation with, or approval from a supervisor.

1.

2.

3.

* 1. What kinds of guidelines, procedures, manuals (formal or informal) do you use in carrying out your job duties and making your recommendations or decisions? Please give specific examples of most common recommendations and indicate whether they are used as set procedures to be closely followed, guidelines to be generally followed, or broad parameters within which to function.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **How Used?** | | |
| **Example** | Set Policies & Procedures | Guidelines or Professional Standards | Broad  parameters |
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* 1. Please indicate how your work is checked and the frequency of these checks.

**For each, select one of D = Daily, W = Weekly, M = Monthly, R = Rarely, and provide examples of the work being checked.**

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| --- | --- | --- | --- | --- | --- |
|  | **Frequency** | | | |  |
| **Types of Checks** | **D** | **W** | **M** | **R** | **Examples** |
| Work is checked periodically |  |  |  |  |  |
| Only final versions/outputs are checked |  |  |  |  |  |
| Oral progress reports are requested from you |  |  |  |  |  |
| Written progress reports are requested from you |  |  |  |  |  |
| Discussion with Supervisor |  |  |  |  |  |
| Statistical Reports |  |  |  |  |  |
| Other **(please specify)** |  |  |  |  |  |

* 1. State any financial responsibilities (and amounts) your job involves, e.g. budget, sales, revenues, ordering of supplies*, funding/grant proposals, expenditure approval.*

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* 1. Please indicate your involvement in the budgetary process. Please “X” the boxes most appropriate to your position.

No involvement with budget(s)

Administer, monitor, prepare input to part of the program/department budget

Accountable and/or control program/department budget

Accountable and/or control Directorate/College budget

Responsible for revenue generation**. If yes, state annual amount**: $

* 1. Financial processing and commitment. Please “X” the boxes most appropriate to your position.

Very little/no responsibility for handling or processing cash, purchase orders, cheques.

Some responsibility for handling or processing cash, purchase orders, cheques, contracts.

Authorizes the receipt of materials delivered or services rendered.

Responsible for signing or initiating requests to make expenditures or recoveries according to detailed written procedures.

Responsible for activities which result in financial commitments, obligations or costs without any detailed written procedures to follow.

1. **PROBABLE IMPACT OF ERRORS**
   1. If you make an inaccurate or inappropriate decision or recommendation, would there be financial consequences (i.e., waste, damage, money lost) or non-financial consequences, (i.e., loss of time, impaired service to the public or clients/students, delays, injuries). If yes, please provide examples. Describe examples of typical major errors that could reasonably occur in your key activities listed. Do not report an extreme circumstance.

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* 1. Who would normally become involved in correcting the examples detailed above in (a)?

I would correct it myself.

My supervisor would become involved and would advise me how to correct it.

My supervisor and the Department Head/Chair would become involved and would provide instructions on how the problem should be corrected.

My Dean/Director would become involved in developing a solution to the problem.

Other **(please specify)**

1. **WORKING WITH OTHERS** (Excluding those supervised - see 10)
   1. What are the typical contacts or working relationships necessary in doing your job? For each contact listed below, indicate the appropriate codes. (**Do not include contact with those you supervise**.)

**Record the frequency of the contact in the code box as:**

**D (daily); W (weekly); M (monthly); Q (quarterly); A (annually).**

**Codes:**

1) No exchange

2) Exchange of factual or everyday information

3) Explanation and interpretation of information or ideas

4) Discussion of problems with a view to obtaining consent, cooperation and/or coordination of activities

5) Discussion of problems with a view to resolving conflict

6) Counselling/coaching staff/students

7) Provide instruction/demonstration to students

8) Negotiation of programs, policies or agreement on behalf of the Program/Department, in which cooperation is difficult to achieve

9) Negotiation of programs, policies or agreements on behalf of the Directorate/College in which cooperation is difficult to achieve.

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Contact (Work Related)** | **Codes** | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| Employees in the same department as yours (excluding those you supervise) |  |  |  |  |  |  |  |  |  |
| Employees in another department |  |  |  |  |  |  |  |  |  |
| Faculty |  |  |  |  |  |  |  |  |  |
| Heads of other departments |  |  |  |  |  |  |  |  |  |
| Business representatives (suppliers) |  |  |  |  |  |  |  |  |  |
| Volunteers |  |  |  |  |  |  |  |  |  |
| General public |  |  |  |  |  |  |  |  |  |
| Representatives of professional and/or funding agencies, governments, regulatory bodies, or other universities |  |  |  |  |  |  |  |  |  |
| Students |  |  |  |  |  |  |  |  |  |
| Families of students |  |  |  |  |  |  |  |  |  |
| Customers or clients |  |  |  |  |  |  |  |  |  |
| Other: **(specify)** |  |  |  |  |  |  |  |  |  |

* 1. How often do you have to tell people things they do not want to hear?

**For each group, select one of: 1 = Almost never, 2 = Once in a while, 3 = Often, 4 = Most of the time**

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| --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** |
| Other employees |  |  |  |  |
| Students |  |  |  |  |
| The general public |  |  |  |  |

* 1. How often do you deal directly with very upset or angry people?

**For each group, select one of: 1 = Almost never, 2 = Once in a while, 3 = Often, 4 = Most of the time**

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| --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** |
| Students |  |  |  |  |
| Outside groups (staff) |  |  |  |  |
| Customers, clients |  |  |  |  |

1. **SUPERVISION OR DIRECTION EXERCISED**
2. Name any jobs or work group you supervise under one or more of these categories. Select all that apply.

|  |  |  |
| --- | --- | --- |
| **Category** | **Applies?** | **Job(s) / Work Group(s) Supervised** |
| Assign and check work of other doing work similar to yours. |  |  |
| Provide technical or functional guidance  to other staff |  |  |
| Supervise a work group; assign work to be done, methods to be used and take responsibility for all the work of the group. |  |  |
| Manage the work, practices and procedures of a program/department. Responsible for appraisal, discipline, hiring and replacement of personnel |  |  |
| Manage the work of a program/department including planning, staffing, budgeting, setting objectives. |  |  |
| Other **(please specify):** |  |  |

1. Indicate the total actual number of staff for whose work you are fully accountable.

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| --- | --- |
| (a) How many part-time staff directly report to you? Report the number of individual persons, not FTE (full-time equivalents) |  |
| (b) Convert the number of part-time staff reported in (a) to FTE.  (**Formula**: Sum the total number hours worked by all part time staff in (a) over the course of the calendar year; then divide by 1820 hours to arrive at total FTE.) |  |
| (c) How many full-time staff directly report to you? |  |
| (d) How many FTE (full-time equivalents) staff whose work you are indirectly accountable for? (e.g., such as staff members who report to your direct reports. **Please exclude direct reports noted in sections (b) and (c))** |  |
| **Sum of (b), (c), and (d).** |  |

1. **PHYSICAL, MENTAL AND SENSORY DEMANDS**

DEFINTIONS FOR FREQUENCY

**Occasional** - means once in a while over a period of time (i.e. once in a while on a daily basis or several times daily, but not every day).

**Frequent** - means often over a period of time such as several times daily almost every day.

**Continuous** - means that with the exception of breaks, the activity is continuous almost every day.

* 1. What **PHYSICAL EFFORT** is required on a regular basis for your position? Please indicate the activity as well as the frequency and duration of each activity (i.e., climbing, crouching in small places, lifting and/or carrying light, medium or heavy objects, pushing, pulling, working in an awkward position or maintaining one position for a long period of time, i.e., sitting, standing, walking).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **ACTIVITY** | **DURATION** | | | **FREQUENCY** | | |
| Up to 2 hrs at a time | Between 2 & 4 hours | Over 4 hrs at a time | Occasional | Frequent | Continuous |
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* 1. If lifting is required, please indicate the maximum weight and frequency. Please provide examples.

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| --- | --- | --- | --- | --- |
|  | **FREQUENCY** | | |  |
| **WEIGHT** | Occasional | Frequent | Continuous | **EXAMPLES** |
| 1-20 lbs |  |  |  |  |
| 21-60 lbs |  |  |  |  |
| Over 60 lbs |  |  |  |  |

* 1. **MENTAL AND SENSORY EFFORT**

What type of effort (visual or listening) or concentration (mental) is required on a regular basis in your position? Please indicate the activity as well as the frequency and the duration of each activity. Examples of various types of effort and some corresponding examples are listed below:

1) ***Mental Concentration***, i.e., report writing, analysis, generating statements, reviewing and preparing documents, problem solving, communicating.

2) ***Visual Effort***, i.e., operating a word processor, computer, or calculator; fine electrical, laboratory or mechanical work; reading data or inputting data, reading without interruption.

3) ***Listening Effort***, i.e., counselling, negotiating, taking minutes, conflict resolution.

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| --- | --- | --- | --- | --- | --- | --- |
| **ACTIVITY** | **DURATION** | | | **FREQUENCY** | | |
| Up to 2 hrs at a time | Between 2 & 4 hours | Over 4 hrs at a time | Occasional | Frequent | Continuous |
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1. **WORKING CONDITIONS**

DEFINTIONS FOR FREQUENCY

**Occasional** - means once in a while over a period of time (i.e. once in a while on a daily basis or several times daily, but not every day).

**Frequent** - means often over a period of time such as several times daily almost every day.

**Continuous** - means that with the exception of breaks, the activity is continuous almost every day.

* 1. **ENVIRONMENT**

Is there some degree of unpleasantness in the day-to-day activities of your job owing to: (disregard elements that do not apply to you, and check only one of “occasionally”, “frequently”, “continuously”).

|  |  |  |  |
| --- | --- | --- | --- |
|  | **FREQUENCY** | | |
| **FACTOR** | Occasional | Frequent | Continuous |
| Dust |  |  |  |
| Moisture |  |  |  |
| Chemical Substances |  |  |  |
| Grease |  |  |  |
| Oil |  |  |  |
| Inadequate Lighting |  |  |  |
| Interruptions |  |  |  |
| Heat |  |  |  |
| Cold |  |  |  |
| Extreme Temperatures |  |  |  |
| Grime |  |  |  |
| Odour |  |  |  |
| Noise |  |  |  |
| Vibration |  |  |  |
| Soiled Linens |  |  |  |
| Inadequate Ventilation |  |  |  |
| Travel |  |  |  |
| Verbal Abuse |  |  |  |
| Bodily Fluids |  |  |  |
| Steam |  |  |  |
| Wear Protective Clothing |  |  |  |
| Confined Spaces |  |  |  |
| Inclement Weather |  |  |  |
| Unusual hours **(specify)** |  |  |  |
| Driving vehicle |  |  |  |
| Other **(specify)** |  |  |  |

* 1. **HAZARDS**

Is there some degree of hazards in the day-to-day activities of your job owing to: (disregard elements that do not apply to you, and check only one of “occasionally”, “frequently”, “continuously”)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **FREQUENCY** | | |
| **FACTOR** | Occasional | Frequent | Continuous |
| Chemical Substances |  |  |  |
| Acid |  |  |  |
| Noise |  |  |  |
| Exposure to Infectious Diseases |  |  |  |
| Body Fluids |  |  |  |
| Personal Injury |  |  |  |
| Steam |  |  |  |
| Electrical Currents |  |  |  |
| Heights |  |  |  |
| Other (**specify**) |  |  |  |

1. Please record any other relevant information that has not been captured elsewhere in this Job Fact Sheet.