

**Job Fact Sheet Summary**

Department: Department Number:

Job Title: Date:

Employee Name: Employee Signature:

Supervisor: Supervisor Signature:

1. Please describe, in point form, the major activities or responsibilities of this job. List these in order of the percentages of time that each activity requires. For example, the duty which takes most job time should come first. Assign a percentage of time to this activity and then list the remaining activities. (The activities should add up to 100%.)
2. What is the *minimum* formal education for a new person hired into this job?
3. With the educational qualifications indicated in #2 above, what is the *minimum* amount of experience required to achieve competence in this job?
   1. Amount of preceding job experience
   2. Time required in current job to competently perform the duties
4. List three (3) decisions made or duties performed in this position, without subsequent checks or reference to a supervisor:

1.

2.

3.

1. List three (3) decisions on which there is consultation with, or approval from a supervisor:

1.

2.

3.

6. Describe examples of typical errors that could reasonably occur in the major activities (as listed in #1) even with due care. Indicate the worst consequence, *e.g., waste, delays, time lost, money lost, etc.*

1. Describe the contacts (working with others) that are necessary to perform this job. Indicate the frequency of the contact, the purpose of the contact and the title of the person who is contacted.
2. Indicate the type of supervision exercised, if applicable. List what jobs or groups of staff are supervised.
3. Indicate the proportion of the work day involved in these activities. *Place an “x” in the appropriate column. This does not need to add up to 100%*.

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **0 - 60%** | **61 - 100%** | **Examples** |
| Sitting |  |  |  |
| Standing |  |  |  |
| Walking |  |  |  |
| Lifting/Pushing |  |  |  |
| Visual Concentration |  |  |  |
| Mental Concentration |  |  |  |

1. Indicate any unpleasant aspects that are inherent in the job. *Place an “x” beside the applicable working conditions.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Condition** | **Major** | **Minor** | **Examples** |
| Heat/Cold |  |  |  |
| Outside work in adverse conditions |  |  |  |
| Infection |  |  |  |
| Danger |  |  |  |
| Work with toxic chemicals regularly |  |  |  |
| Overnight travel |  |  |  |
| Driving |  |  |  |

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