



SUNY Upstate Medical University
Human Resources Department

Position Questionnaire

Date:

Name:
Department:
Line or Grant#:

Current Title/Grade:
Proposed Title/Grade:
Contact for Questions: (Enter Name and work phone)

[MS Word margin settings: Under 'File/Page Setup', top, bottom, left and right margins should be set to .50"; header/footer to .25"]

INSTRUCTIONS

The purpose of this position questionnaire is to gather information about the duties and responsibilities of jobs being performed at SUNY Upstate Medical University. The completion of this form is the first step in the classification process. The Classification Program at Upstate was designed to ensure that titles and pay grades accurately reflect the position responsibilities. Your participation in this process is essential to its success.

This form may be completed by the employee or by the supervisor, but preferably should be a collaborative effort by both. In responding to the questions, it is important: 1) to be as accurate and as thorough as possible, 2) to address the position, not the performance of the incumbent, and 3) to describe the job in your own words.

Because the questionnaire will be used for a wide variety of positions at Upstate, some questions may be more applicable to particular types of jobs. If you feel a question is not relevant to the position responsibilities, enter NOT APPLICABLE.

If you have any difficulty or concerns in completing this form, please contact your supervisor or the Human Resources Department, Classification and Compensation Section at 464-5813.

JOB SCOPE & FUNCTION OF POSITION Give a brief statement of the overall purpose and primary function of the position.

[Empty box for job scope and function of position]

2. ORGANIZATIONAL RELATIONSHIPS A-D: For the purpose of establishing organizational relationships, supervision will be defined as overseeing, directing, inspecting or guiding the work of others with responsibility for meeting performance standards.

A. Attach an organization chart to include item or grant number, name of employee and payroll title/grade for each position (including faculty) assigned to the unit in which the subject position exists (encircling) or highlighting the subject position(s) on the chart. Departments with several divisions or units may be required to provide charts for all organizational units within the department.

I HAVE ATTACHED AN UPDATED DEPARTMENTAL ORGANIZATIONAL CHART

B. Incumbent's direct Supervisor (Name & Title):

[Empty box for supervisor name and title]

C. **Type of Supervision received** (check one of the following):

- Incumbent works under direct supervision following standard practices and procedures. Incumbent works under supervisor's general direction planning own work.. Incumbent works independently with consultative direction.

Describe the nature and extent of instruction and guidance the incumbent receives to perform job duties.

Describe the nature and extent of the check or review the incumbent's work receives.

D. **Supervision of others by incumbent** (check one of the following):

- Incumbent does not exercise supervisory responsibilities. Incumbent may provide supervision to subordinate staff. Incumbent provides direct supervision to the following subordinate staff:

List below the names and titles of supervised staff:

Incumbent spends approximately _____% of work time supervising other employees and approximately _____% performing the same level work of subordinates in the work unit.

Check each of the phrases below which describe the kind of supervision this position requires one to exercise.

- | | |
|--|--|
| <input type="checkbox"/> Plan work | <input type="checkbox"/> Instruct methods, procedures |
| <input type="checkbox"/> Assign work | <input type="checkbox"/> Correct errors |
| <input type="checkbox"/> Check and approve work | <input type="checkbox"/> Supervise employees in remote locations |
| <input type="checkbox"/> Make hiring recommendations. | <input type="checkbox"/> Maintain employee discipline |
| <input type="checkbox"/> Make promotional recommendations | <input type="checkbox"/> Maintain employee records |
| <input type="checkbox"/> Make final decision on hiring | <input type="checkbox"/> Handle complaints and grievances |
| <input type="checkbox"/> Make final decision on promotions | <input type="checkbox"/> Make recommendations regarding unsatisfactory employees |
| <input type="checkbox"/> Recommend salary adjustments | <input type="checkbox"/> Make final decision regarding Unsatisfactory employees |
| <input type="checkbox"/> Make final decision on salary adjustments | |

E. **Contacts:** concerned with the required interaction of the incumbent with individuals both within and outside the organization during the performance of duties.

Specify the type (e.g., coordinating, informational, advisory, counseling, negotiating) and frequency of contacts (e.g., the public, government agencies, sponsors, patients, other hospitals, other research laboratories, Upstate departments/staff).

3. **JOB ACTIVITIES:** Describe all the duties of this position fully, describing what is done and the major steps to illustrate how the job is done with an estimate of how much time is spent on each task per day/week/month, in order to give an accurate and complete picture of the job. Percent of time for all tasks should total 100% For those tasks performed less frequently, you may indicate how often they are performed e.g. monthly, quarterly, annually, etc. Begin with the primary duties of this position and check as required those functions that are essential to attain job objectives as required by the Federal Americans with Disabilities Act 1990.

Percent of Total Time/Frequency	ACTIVITIES	Essential Functions
0%		<input type="checkbox"/>
0%		<input type="checkbox"/>
0%		<input type="checkbox"/>
0%		<input type="checkbox"/>
0%		<input type="checkbox"/>
0%		<input type="checkbox"/>
0%		<input type="checkbox"/>
TOTAL 0%		

4. **COMPLEXITY AND DIFFICULTY** This section covers the nature, number, variety and intricacy of tasks, steps, processes or methods in the work performed; the difficulty in identifying what needs to be done, and the difficulty and originality involved in performing the work. Cite typical examples of problem solving, decision-making, planning or creative thinking which you have accomplished.

A. **NON-ROUTINE WORK** involves interpreting or analyzing results or applying specialized knowledge of procedures requiring not only the ability to use discretion and make independent judgments, but there is a continual variety of interpretation involved in non-routine work.

ROUTINE WORK involves regularly following a detailed course of action in accordance with standard procedures; results are attained and solutions are found by applying standard guidelines and following prescribed procedures; may involve continuous or repetitive tasks.

The major functions/duties of this position would be considered: Routine Non-routine

Give specific examples of "non-routine" or complex activities:

B. Give specific examples, listing in order of importance, of the type and extent of problems that must be resolved by this position on a regular basis.

C. Give specific examples of the initiative, judgment, analytical skills, and creativity necessary to develop workable solutions for the above.

Can the work be standardized in a given period of time? Yes No

D. What guidance is available in the form of established practices or supervision (e.g., handbooks, guidelines, research protocols, past practice, or authoritative advice, etc.)?

5. EQUIPMENT: : List equipment used on a regular basis in the performance of your duties and indicate whether the use of such is considered routine or complex (e.g. office equipment may include personal computer ,scanner, etc.; clinical equipment may include respirators, tracheotomy tubes, monitors, oscilloscope, etc.)

	Routine	Complex
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

6. ACCOUNTABILITY: Depends upon the extent to which the employee is expected to develop the sequence and timing of various aspects of the work, to modify or to recommend modifications of instructions and to participate in establishing priorities and defining objectives.

A. Give specific examples of the duties performed and explain how the employee will be expected to use discretion in decision making, make independent judgments, and be involved in the interpretation of results.

B. What types of decisions are referred to a higher authority? Give specific examples.

C. To what extent is this position involved in policy or research protocol decisions (e.g., implementation, recommending action, development, or interpretation)?

(a) **Interpreting Policy:** (IF APPLICABLE) Choose the ONE (1) that best describes this position's responsibility for interpreting policy within your department. Give examples.

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Performs simple, well-defined duties; no real policy interpretation required. | <input type="checkbox"/> Limited knowledge of department's work; some understanding for interpretation of operating policies. | <input type="checkbox"/> Moderate knowledge of department's work; moderate understanding for interpretation of operating policies. | <input type="checkbox"/> Extensive knowledge of department's work; comprehensive understanding for interpretation of most operating policies |
|--|---|--|--|

(b) **Formulating Policy:** (IF APPLICABLE) Choose the ONE (1) that best describes your responsibility for formulating policy in the department.

- N/A Assists in formulating policy within a department that would affect: *(check all that apply)*
- | | |
|---|--|
| <input type="checkbox"/> Division of a department | <input type="checkbox"/> Other Upstate departments |
| <input type="checkbox"/> Entire department | <input type="checkbox"/> General public |

Examples:

2. Final authorization of policy within a division of a department. Policy decision would affect:

<input type="checkbox"/> Division only	<input type="checkbox"/> Other Upstate departments
<input type="checkbox"/> Entire department	<input type="checkbox"/> General public

Examples:

3. Final authorization or approval of major operating policies for a department. Policy decision would affect:

<input type="checkbox"/> Department	<input type="checkbox"/> Other Upstate departments	<input type="checkbox"/> General public
-------------------------------------	--	---

Examples:

D. Describe the consequences of an error made by someone in this position. (consider patient care, work flow, cost impact)

E. Indicate below the magnitude of financial/budgetary responsibility (if any).

- | | | |
|--|------------------------------|-----------------------------|
| Review expenses against budget? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Maintain budget records? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Approve expenditures? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Develop budget recommendations? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Prepare budget request and written narrative? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Approve budget requests for other departments? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Examples:

F. Give examples of sensitive/confidential information that this position is required to work with or have access to in order to perform the job.

JOB QUALIFICATIONS: The skills, knowledge and abilities should reflect the minimum required to perform the job satisfactorily; the incumbent's personal qualifications may exceed the minimum, and may not be a true measure of job qualifications.

Indicate the **minimum educational level and the number of years of experience (if any) that is required** to perform this job. Include any specific type of experience that may be required (e.g., histology, electron microscopy, etc.). State why the requirements listed are necessary to perform the job. Include any required license, registry or certification, if appropriate.

Minimum Education Requirements:

Required Preferred

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Less than high school education |
| <input type="checkbox"/> | <input type="checkbox"/> | High School diploma or equivalent |
| <input type="checkbox"/> | <input type="checkbox"/> | Associate's degree in |
| <input type="checkbox"/> | <input type="checkbox"/> | Certificate and/or advanced specialized or technical training in |
| <input type="checkbox"/> | <input type="checkbox"/> | Bachelor's degree in |
| <input type="checkbox"/> | <input type="checkbox"/> | Master's degree in |
| <input type="checkbox"/> | <input type="checkbox"/> | Doctoral degree in |

In lieu of a formal degree, would you consider employing someone who possessed an equivalent combination of education and experience? Yes No

Minimum Years of Experience Required:

Other Requirements:

8. **ADDITIONAL COMMENTS:** (A statement of any proposed duties that may affect the classification of this position may be included here).

Employee's Signature: _____ Date: _____

REVIEW: (To be completed by the immediate supervisor) Please comment on each of the preceding statements. Attach addit if necessary.

- I approve this description as written.
- I approve this position as amended.

Supervisor: _____ Department Head/
Project Director: _____