

## JOB DESCRIPTION PLANNING AND JUSTIFICATION FORM

Use this form when a thorough job analysis is required to develop a job description for both union and non-union positions. All classification requests must be submitted to the Compensation Office via [UChicago Jobs](#).

**Instructions:** Review the entire form before answering the questions. The information written on this form should reflect the nature of the position at the present time, without regard to employee performance or possible changes in the future job content. Follow the requirements below:

1.) Employee and/or Supervisor: Complete and sign the form. 2.) HR Administrator: Review and sign the document; submit it to University Human Resources Management; and enter the job into the UChicago Jobs system for the job to be classified.

Employee Name	Departmental Job Title	UHRM Job Title	UHRM Job Code

Department Number	Division/Department Name	Supervisor's Name	Direct Reports

**JOB SUMMARY:** In a few sentences, *briefly* describe the primary function and purpose of the job.

**DESCRIPTION OF DUTIES:** In a few sentences, describe the job duties performed on a *regular, periodic,* and *occasional* basis, in the order of importance. Place an asterisk (\*) next to duties which are essential (must be performed in this position). Include the percentage of time spent on each duty. The three sections below should total 100%.

**Regular Duties (duties performed on a daily basis or almost every day):**

%

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**Periodic Duties (duties performed regularly and at stated intervals – monthly, semi-annually, etc.):**

%

**Occasional Duties (duties performed as needed):**

%

**SCOPE:** Indicate any quantifiable factors that further describe the significance of the job (i.e., number of faculty and/or employees supported, number of events planned, size of budget, size of grants, amount of revenue generated, number and complexity of reports created, amount of cash/valuable supplies or equipment handled, dollar limits for purchasing authority, etc.).

**IMPORTANT DECISIONS/JUDGMENTS:** Provide two or three examples of the most important decisions or judgments made by a person in this job.

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**COMPUTER SOFTWARE:** Provide a list of computer software utilized by a person in this job.

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**CONTACTS:** List examples of individuals with whom an employee in this job has regular contact and for what purpose the contact is made.

Contact	Purpose

**MOST/LEAST DIFFICULT:** Please list the most difficult and least difficult parts of the job.

Most difficult parts of job	Least difficult parts of job

**QUALIFICATIONS:** Indicate any required or preferred education, experience, and/or knowledge, skills, and abilities.

	Required	Preferred
<i>Education</i>		
<i>Experience</i>		
<i>Knowledge, Skills, and Abilities</i>		

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### WORKING CONDITIONS (Check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Standard office environment                                 | <input type="checkbox"/> Outdoor exposure to weather                |
| <input type="checkbox"/> Laboratory environment                                      | <input type="checkbox"/> Exposure to extreme temperature changes    |
| <input type="checkbox"/> Direct patient contact or clinical care setting             | <input type="checkbox"/> Exposure to moving machinery               |
| <input type="checkbox"/> Stockroom or warehouse                                      | <input type="checkbox"/> Operate vehicles/drive motorized equipment |
| <input type="checkbox"/> Construction environment                                    | <input type="checkbox"/> Requires protective devices                |
| <input type="checkbox"/> High dust, dirt, grease environment                         | <input type="checkbox"/> Requires extensive safety training         |
| <input type="checkbox"/> High noise environment                                      | <input type="checkbox"/> Irregular work schedule                    |
| <input type="checkbox"/> Exposure to chemical agents                                 | <input type="checkbox"/> On-call responsibilities                   |
| <input type="checkbox"/> Exposure to animals   | <input type="checkbox"/> Extensive travel                           |
| <input type="checkbox"/> Exposure to human/primate tissue or other biological agents | <input type="checkbox"/> Other, please specify: _____               |

### PHYSICAL EFFORT (Check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Ability to sit for short or extended time periods               | <input type="checkbox"/> Ability to carry/lifts loads of up to 25 lbs.                              |
| <input type="checkbox"/> Ability to stand for short or extended time periods             | <input type="checkbox"/> Ability to carry/lifts loads of 25 lbs. to 49 lbs.                         |
| <input type="checkbox"/> Ability to bend, crouch, or stoop                               | <input type="checkbox"/> Ability to carry/lifts loads of 50 lbs. or more                            |
| <input type="checkbox"/> Ability to extensively use computer                             | <input type="checkbox"/> Ability to use tools requiring high dexterity                              |
| <input type="checkbox"/> Ability to make repetitive wrist, hand, or finger movements     | <input type="checkbox"/> Ability to climb ladders/scaffolds and maintain balance                    |
| <input type="checkbox"/> Ability to see, including color, depth perception, or clarity   | <input type="checkbox"/> Ability to feel, including perceiving size, shape, temperature, or texture |
| <input type="checkbox"/> Ability to hear, including making fine discriminations in sound | <input type="checkbox"/> Other, please specify: _____   |

### ADDITIONAL QUESTIONS: Answer the following questions.

1. Has the job substantially changed since it was last reviewed? How?
  
2. Does the employee customarily and regularly exercise discretion, independent judgment, and authority for important decisions on matters of significant importance? Please explain.
  
3. Does the employee perform work requiring knowledge of an advanced type acquired by specialized intellectual instruction and study, that is original and creative, or that involves teaching? Please explain.
  
4. Does the employee perform the following duties? (Check the box that **best** describes the duties of the position.)
 

<input type="checkbox"/> Plan and/or review the work of others
<input type="checkbox"/> Hire, promote, train, and/or evaluate the performance of others for the purpose of pay increases

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**EMPLOYEE COMMENTS:**

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Employee Name

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Employee Signature

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Date

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**SUPERVISOR COMMENTS:**

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Supervisor Name

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Supervisor Signature

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Date

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**HR ADMINISTRATOR COMMENTS:**

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HR Administrator Name

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HR Administrator Signature

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Date

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**UHRM USE ONLY**

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**UHRM CONTACT COMMENTS:**

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UHRM Contact Name

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UHRM Contact Signature

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Date