

**JOB DESCRIPTION**

1. NAME OF EMPLOYEE (LAST NAME FIRST)		2. SOCIAL SECURITY NUMBER		3. REQUEST INITIATED BY				
		<b>XXXXXXXXXXXXXX</b>		<input type="checkbox"/> EMPLOYEE <input type="checkbox"/> AGENCY <input type="checkbox"/> OFFICE OF ADMIN.				
4. DEPARTMENT		BUREAU		HEADQUARTERS				
<b>PASSHE</b>		<b>MANSFIELD UNIVERSITY</b>						
5. PRESENT CLASS TITLE								
6. REGULAR SCHEDULE OR HOURS OF WORK								
DAY	MON	TUES	WED	THU	FRI	SAT	SUN	WORK IS
FROM								<b>Regular, Full-time</b>
TO								TOTAL HOURS PER WEEK
								<b>37.5</b>
								EXPLAIN ROTATION OF SHIFTS IF ANY

7. Describe in detail the work you do, listing the most important duties first. Try to explain your work in a way that someone unfamiliar with your job can understand. (If you use machines or equipment, please list them and the approximate amount of time you use them.) Use as much additional paper (8 1/2 x 11) as you need.

**GENERAL SUMMARY:**

**PRIMARY DUTIES AND RESPONSIBILITIES:**

**RELATIONSHIPS:**

**IMPACT:**

**SUPERVISORY RESPONSIBILITIES:**

**REQUIRED KNOWLEDGE, SKILLS AND ABILITIES:**

**CERTIFICATION:** I certify that to the best of my knowledge all statements shown above are correct.

\_\_\_\_\_  
 Signature of Employee

\_\_\_\_\_  
 Date

**SUPERVISION RECEIVED:**

**REPORTING RELATIONSHIP:**

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Signature of Employee's Supervisor

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Date

**ESSENTIAL FUNCTIONS:**

**AMOUNT OF TIME SPENT:**

Standing %                      Walking: %                      Sitting: %  
Working Outdoors: %        Working Indoors: %  
Working Alone: %            Working in Groups: %        Number of People:

**REQUIRED RANGE OF MOTION:**

ACTIVITY	REQUIRED		FREQUENCY
	YES	NO	(Daily, Hourly, Weekly, Seasonal, etc.)
Climb ladder			
Climb stairs			
Crawl			
Kneel			
Lift			
Mop/sweep			
Reach above shoulder			
Reach at shoulder			
Reach below shoulder			
Ride			
Shovel			
Sit			
Squat			
Stand			
Stoop/bend			
Stretch			
Twist			
Walk			
Work above ground			
Work under ground			
Other:			

**HAND COORDINATION MOVEMENT REQUIRED:**

	LEFT		FREQUENCY	RIGHT		FREQUENCY
	YES	NO		YES	NO	
Fine Manipulation						
Gross Manipulation						
Simple Grasping						
Power Grasping						
Hand/Wrist Twisting						

**MOVEMENT:**

	REQUIRED				FREQUENCY	ASSISTANCE	
	0-10 LBS	10-25 LBS	25-50 LBS	OVER 50 LBS		WITH	WITHOUT
Lifting							
Carrying							
Pushing							
Pulling							

**SKILLS REQUIRED:** (CHECK ALL THAT APPLY)

Number Skills

- No number skills required
- Counting Skills
- Basic math skills (add, subtract, multiply, divide)
- Advanced math skills (fractions, percentages, formulas, equations)

Reading skills

- No reading skills required
- Recognition of letters/words
- Understanding of written direction

Verbal Communication Skills

- No verbal communication required
- Limited (give and take direction)
- Extensive (provide information and assistance regularly)

Writing Skills

- No writing skills required
- Limited (write and take simple notes)

\_\_\_\_\_ Extensive (prepare and organize complex documents)  
Sensory Skills  
\_\_\_\_\_ Visual                      \_\_\_\_\_ Touch  
\_\_\_\_\_ Hearing                      \_\_\_\_\_ Taste  
\_\_\_\_\_ Speaking                      \_\_\_\_\_ Smell

Keyboard Skills  
\_\_\_\_\_ No keyboard skills required  
\_\_\_\_\_ Keyboard skills required

**WORKING CONDITIONS:**

**LIST OF MACHINES, TOOLS, OFFICE EQUIPMENT, MATERIALS, AND OTHER SPECIAL EQUIPMENT USED IN THE PERFORMANCE OF DUTIES:**

**LIST OF VEHICLES DRIVEN OR MOTORIZED EQUIPMENT OPERATED AS PART OF THE POSITION:**

**LIST PROTECTIVE CLOTHING OR EQUIPMENT REQUIRED AND PROVIDED BY THE EMPLOYER:**