

Penn State Human Resources

Compensation & Classification

The 331 Building

University Park, PA 16802

# Request for Review of Current Technical-­‐-­‐-­‐Service Job

This form and any related information must be prepared by management and submitted to your Human Resources Strategic Partner or Consultant.

Completed forms should be (1) reviewed, (2) approved, and (3) sent by Unit Human Resources to Compensation & Classification at [Compensation@psu.edu](mailto:Compensation@psu.edu), along with justification. Transmittal to Compensation and Classification confirms that the necessary approvals have been obtained for the review of the current job.

***NOTE:*** If the job requested to be reviewed is identical to an existing job, only a confirming email to Compensation & Classification is needed; completion of this form is unnecessary.

|  |  |
| --- | --- |
| Job Title | Click here to enter text. |
| Code No. | Click here to enter text. |
| Incumbent Name(s) | Click here to enter text. |
| Work Unit | Click here to enter text. |
| Department/ Area | Click here to enter text. |

Justification for review of the existing job (please discuss substantial changes of the job).

Click here to enter text.

|  |  |  |
| --- | --- | --- |
|  | Name | Date |
| Form prepared by | Click here to enter text. | Click here to enter a date. |
| Budget Approval | Click here to enter text. | Click here to enter a date. |
| Unit HR Approval | Click here to enter text. | Click here to enter a date. |

# Job Duties and Responsibilities

# In the following section please list only new job duties and responsibilities, as well as indicate the approximate percentage of time spent for each.

|  |  |
| --- | --- |
| Approximate  % of Time | **New Job Duties** |
| Choose an item. | Click here to enter text. |
| Choose an item. | Click here to enter text. |
| Choose an item. | Click here to enter text. |
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| Choose an item. | Click here to enter text. |

**Job Duties and Responsibilities (continued)**

Please complete the following worksheet identifying all current duties to include: number, action, and update.

|  |  |  |
| --- | --- | --- |
| Duty # from current Job | Action | Updated Changed Duties (as applicable) |
| Choose an item. | Choose an item. | Click here to enter text. |
| Choose an item. | Choose an item. | Click here to enter text. |
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# Education and Experience Requirements

# Please note that this section asks for the minimum level of education and experience not the preferred.

**Minimum level of formal education and/or specialized knowledge**

Choose an item.

If you selected other please explain.

Click here to enter text.

**Minimum level of experience and/or on-­‐-­‐-­‐the-­‐-­‐-­‐job training**

Please select the minimum amount of previous qualifying experience on related work or lesser jobs, either within the organization or outside.

Choose an item.

Please select the amount of “break-in-time” or period of adjustment or adaptation on the specific job itself. (Time it takes to fully function on the job after hire.)

Choose an item.

# Level of Supervision

Select one or more of the following statements, which describe a way in which duties and responsibilities will be carried out day-­‐-­‐-­‐to-­‐-­‐-­‐day.

|  |  |
| --- | --- |
|  | Perform under almost daily oral or written instruction from a supervisor. |
|  | Under immediate supervision, perform work assignments given at frequent intervals and checked regularly. |
|  | Under general supervision, perform regular work assignments within standard practice. |
|  | Determine own work assignments where a defined objective has been set up, requiring a wide range of procedures. |
|  | Initiate broad programs under general direction, working from policies and general objectives. |
|  | Other |

If you selected other please explain.

Click here to enter text.

# Job Information

# In this section please identify the materials or items that are routinely used or moved, the weight of the item, and the frequency the activity takes place. (Frequency is defined as the number of hours on a weekly basis.)

|  |  |  |
| --- | --- | --- |
| Typical Materials Lifted and/or Moved | Approximate Weights | Frequency |
| Click here to enter text. | Choose an item. | Choose an item. |
| Click here to enter text. | Choose an item. | Choose an item. |
| Click here to enter text. | Choose an item. | Choose an item. |
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| Click here to enter text. | Choose an item. | Choose an item. |

**Types of equipment, machines, and/or vehicles operated**

(Please leave inapplicable areas blank.)

This position uses general hand tools (hammers, wrenches, shovels, rakes. etc.) such as…

Click here to enter text.

This position uses general power tools (drills, saws, routers, etc.) such as…

Click here to enter text.

This position uses specialty equipment (scopes, meters, lasers, etc.) such as…

Click here to enter text.

Please explain the training required for the equipment.

Click here to enter text.

This position uses machinery (lathes, mills, presses, welders, cranes, etc.) such as…

Click here to enter text.

This position uses heavy duty machinery (backhoes, bulldozers, trenchers, graders, etc.) such as…

Click here to enter text.

This position drives a vehicle (car, pickup truck, utility vehicle, forklift etc.) regularly such as…

Click here to enter text.

Please add any additional information related to equipment, machines, or vehicles below.

Click here to enter text.

**Disagreeable working conditions present in the job, if any.**

*Please select all that apply.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Wind |  | Noise |
|  | Heat |  | Vibration |
|  | Cold |  | Odor or Fumes |
|  | Water or Dampness |  | Dust or Dirt |
|  | Glare or Low Light |  | Other |

Other, please explain:

Click here to enter text.

**Hazards, if any (ex. chemicals, electricity, heights, hot surfaces, etc.)**

*Please select all that apply.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Heights |  | Electricity |
|  | Hot surfaces |  | Chemicals |
|  | Biological |  | Ergonomic |
|  | Moving Parts |  | Other |

If you selected other please explain.

Click here to enter text.

**Job Requirements**

(Please leave inapplicable areas blank.)

This position requires licensure or certifications (pesticide, CDL, endorsements, etc.) such as …

Click here to enter text.

# Organizational Chart

# Name & Title of Supervisor’s Supervisor

# Click here to enter text.

# 

# Name & Title of Immediate Supervisor

# Click here to enter text.

**Job Title**

**Click here to enter text.**

**Comparison Job(s), if any**

Click here to enter text.

**Number of Full-time and/or Part-time employees directed, if any**

Click here to enter text.

**Additional Information**

Click here to enter text.

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