

The Office of Human Resources

Compensation & Classification

420 James M. Elliott Building

University Park, PA 16802

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

This form and any related information should be completed and submitted to your designated Human Resources Representative.

Completed forms should be sent by the Human Resources Representative to Compensation & Classification at 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 new job 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. |

Reason(s) for review of the existing job.

Click here to enter text.

|  |  |  |
| --- | --- | --- |
|  | Name | Date |
| Form prepared by | Click here to enter text. | Click here to enter a date. |
| Approved by | Click here to enter text. | Click here to enter a date. |
| Approved by HR Rep | Click here to enter text. | Click here to enter a date. |

# Job Duties and Responsibilities

In the following three sections please list all job duties and responsibilities, as well as indicate the approximate percentage of time spent for each. All of the job duties to be included in the job should be appropriately displayed across the 3 sections. The total percent of time for all 3 sections should equal 100%. Please leave inapplicable areas blank.

|  |  |
| --- | --- |
| 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. |
| Choose an item. | Click here to enter text. |
| Choose an item. | Click here to enter text. |
| Choose an item. | Click here to enter text. |
| Choose an item. | Click here to enter text. |
| Choose an item. | Click here to enter text. |
| Choose an item. | Click here to enter text. |
| Choose an item. | Click here to enter text. |

**Job Duties and Responsibilities (continued)**

|  |  |
| --- | --- |
| Approximate % of Time | **Continuing Job Duties** that have changed  |
| Choose an item. | Click here to enter text. |
| Choose an item. | Click here to enter text. |
| Choose an item. | Click here to enter text. |
| Choose an item. | Click here to enter text. |
| Choose an item. | Click here to enter text. |
| Choose an item. | Click here to enter text. |
| Choose an item. | Click here to enter text. |
| Choose an item. | Click here to enter text. |
| Choose an item. | Click here to enter text. |
| Choose an item. | Click here to enter text. |

**Job Duties and Responsibilities (continued)**

|  |  |
| --- | --- |
| Approximate % of Time | **Continuing Job Duties** to remain as is |
| Choose an item. | Click here to enter text. |
| Choose an item. | Click here to enter text. |
| Choose an item. | Click here to enter text. |
| Choose an item. | Click here to enter text. |
| Choose an item. | Click here to enter text. |
| Choose an item. | Click here to enter text. |
| Choose an item. | Click here to enter text. |
| Choose an item. | Click here to enter text. |
| Choose an item. | Click here to enter text. |
| Choose an item. | Click here to enter text. |

**Job Duties and Responsibilities (continued)**

In this section please enter the current job duties and corresponding duty numbers to be removed from the job.

|  |  |
| --- | --- |
| Duty # from current Job | **Job Duties** to be removed |
| Choose an item. | Click here to enter text. |
| Choose an item. | Click here to enter text. |
| Choose an item. | Click here to enter text. |
| Choose an item. | Click here to enter text. |
| Choose an item. | Click here to enter text. |
| Choose an item. | Click here to enter text. |
| Choose an item. | Click here to enter text. |
| Choose an item. | Click here to enter text. |
| Choose an item. | Click here to enter text. |
| Choose an item. | Click here to enter text. |

# 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.)

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 percentage of time on an annual 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. |
| 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. |
| 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. |
| 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, welders, torches, 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.) 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.

**Proposed 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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