Job Assessment Questionnaire (JAQ)

The Job Analysis Questionnaire (JAQ) is a tool used to request an evaluation of a job classifications, document job duties, and/or to establish a new position within your department. It is not used to evaluate performance, but rather to relate the duties performed, decisions made, and the skills needed.

Instructions:

The purpose of the form is to collect information about the nature of the work performed by the individual in this particular position. The information will be used to assist in appropriately classifying the position. Please feel free to attach any additional documentation that you believe will be beneficial in this process.

Type of Regu	lest:
☐ Establish new position ☐ Reclassify existing	
Today's Date	
Position Number	
Department Number	
College/Division	
Current Job Code	
Current Job Code title	
Employee ID	
Work Currently performed by (Name & Title)	
Proposed Job Code Title (if applicable)	
Business Title (if applicable)	
SECTION 2.0 Job Overview: Indicate in one or two sentences the general purpo This statement should be a general summary of th	

SECTION 3.0 Duties Performed:

3.1 Essential Duties:

Please provide a list of all essential job duties performed currently. Most duties can be described in 6-8 major categories. If possible, combine minor or occasional duties in one statement. Give a best estimate of average percentage of time each responsibility takes. When considering the time taken, please assume this is a percentage of the incumbent's time across an entire year. The total percentage of time for both Section 3.1 and 3.2 should equal 100%.

Percentage of Time	Description of Duties

 \square Some College/Associates Degree

☐ Bachelor's Degree☐ Master's Degree☐ Doctorate Degree

3.2 Other Duties:

Please provide a list of all other duties performed. Consider other duties as tasks that can be reassigned if accommodations are needed. In addition, include tasks that may align to other duties or projects as assigned. Please ensure sections 3.1 and 3.2 total 100%.

Percentage of Time	Description of Duties
Total of Duties as	a Percent
%	
SECTION 4.0 Genera	al Education & Experience
4.1 Education	
	ox that best indicates the minimum training/education requirements of this job. ur education, but the requirements for the job).
☐ High School Deg☐ Vocational/Tech	

4.2 Experience

Please indicate the specific job experience needed. For example, "accounting experience in an education environment" vs. "accounting experience". Be sure that the experience stated is what is required by the job, not what is preferred. Please also list any certifications/licensures required.

Additional Experience
Chack the box which hast indicates the minimum amount of experience described above. (This does
Check the box which best indicates the minimum amount of experience described above. (This does not need to be reflective of your personal years of experience.)
not need to be reflective of your personal years of experience.)
☐ Less than one year
☐ One year
☐ Two years
☐ Four years
☐ Six years
☐ Eight years
☐ Ten years or more
4.3 Knowledge, Skills, and Abilities (KSAs), and Competencies
Identify the Knowledge, Skills, and Abilities (KSAs) that are necessary to perform in this position (Examples: Knowledge of accounting sufficient to enter journal entries into an accounts receivable book; skill in operating an electronic calculator; ability to record and total numerical figures with a minimal number of errors):
KSA Details

5.1 Supervisory Nature

What is the	nature of the	direct superviso	ry responsibili	ty of this position	on? Check one	answer.
☐ Lead wor ☐ Supervise ☐ Manager ☐ Manager ☐ Director	ory (over one some) (over supervistication) (over multiple) (through mana	sibility more employee section/unit with sors or a small de e departments) ager(s), over a si ager(s), over mu	nin a departme epartment) ngle departme	nt)		
How many	positions repo	rt directly to yo	u?			
□ None	□1	□ 2-3	□ 4-6	☐ 7 or more		
provide attac	chment):	Title	ectify supervises	Grade/Level	Number of F	. ,
		of employees i		rvised in a form r managers:	al organizatior	ı structure
\square None	□ 1-5	□ 6-10	□ 11-20	□ 21-50	□ 51-100	□ 100
Does this po	osition require	functional supe	ervision of posi	tions that do no	ot report direct	ly to it?
☐ Yes	□ No					



5.2 Organizational Chart

If the request for an evaluation changes the existing department's organizational chart, please include an updated organizational chart as an attachment to this form.

Please note that this form will not be processed until an organizational chart has been received by the UCF HR-Compensation Center of Expertise for requests that change the existing structure.

6.0 Physical/Mental Requirements and Working Environment

Working Environment/Conditions
thm:condition:con
or administrative work
\Box The incumbent is subject to inside environmental conditions: protection from weather but not necessarily from
temperature changes (i.e. covered loading dock)
\Box The incumbent is subject to outside environmental conditions: no effective protection from weather
\Box The incumbent is subject to extreme cold: temperatures below 32 degrees for period of more than one hour
\Box The incumbent is subject to extreme heat: temperatures above 100 degrees for periods of more than one hour
☐ The incumbent is subject to noise: there is sufficient noise to cause the incumbent to shout in order to be heard
above the surrounding noise level
\Box The incumbent is subject to vibration: exposure to oscillating movements of the extremities or whole body
☐ The incumbent is subject to hazards: includes a variety of physical conditions, such as proximity to moving
mechanical parts, electrical current, working on scaffolding and high places or exposure to chemicals
☐ The incumbent is subject to atmospheric conditions: one or more of the following conditions that affect the
respiratory system or the skin: fumes, odors, dust, mists, gases, or poor ventilation
\square The incumbent is required to wear special equipment as protection for elements at the job

The incumbent is expected to have extended periods of time at a keyboard or workstation

Physical Requirements

Physical Ability	Mark "Y" if Required	Lifting/Pushing/Pulling Requirements	Mark "Y" if Required
Stooping		Lifting: 10 lbs. or less	
Hearing		Lifting: 11-20 lbs.	
Talking		Lifting: 21-50 lbs.	
Depth Perception		Lifting: 51-75 lbs	
Essential: Crouching		Lifting: 76 lbs. or more	
Essential: Near Vision		Pulling: 10 lbs. or less	
Climbing		Pulling: 11-20 lbs.	
Color Perception		Pulling: 21-50 lbs.	
Walking		Pulling: 51-75 lbs	
Far Vision		Pulling: 76 lbs. or more	
Balancing		Pushing: 10 lbs. or less	
Repetitive Motion		Pushing: 11-20 lbs.	
Grasping		Pushing: 21-50 lbs	
Reaching		Pushing: 51-75 lbs	
Crawling		Pushing: 76 lbs. or more	
Kneeling			
Standing			
Twisting			

Additional Requirements

☐ This position requires a police background check
\square Financial responsibilities such as handling money, authorizing credit card transactions or processing
financial actions
\square This position has direct contact with children, students K-20 or student living areas
\square This position requires driving a university vehicle in order to perform job functions or conduct
University business on a regular basis
\square This position is responsible for meeting the Requirements of Section 215.422, Florida Statutes, as
amended, regarding the approval and/or processing of vendors' invoices and/or distribution of warrants to
vendors
☐ This position requires a valid Florida driver's license
\square This position requires licensure, certification, or other special requirement
\square This position requires fingerprinting
\square This position requires a childcare provider security check as required under Sections 402.305 &
402.3055. Florida Statutes
☐ This position requires a post-offer employment physical



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Mental Requirements (Select all that apply) Comprehension Ability to understand, remember, and apply oral and/or written instructions or other information ☐ Ability to understand, remember, and communicate routine, factual information ☐ Ability to understand complex problems and to collaborate and explore alternative solutions Ability to understand opposing points of view on highly complex issues and to negotiate and integrate different viewpoints Organization ☐ Ability to organize thoughts and ideas into understandable terminology Ability to organize and prioritize own work schedule on short-term basis (longer than one month) ☐ Ability to organize and prioritize work schedules of others on short-term basis ☐ Ability to organize and prioritize work schedules of others on long-term basis **Reasoning and Decision Making** ☐ Ability to apply common sense in performing job ☐ Ability to make decisions which have moderate impact on immediate work unit Ability to make decisions which have significant impact on the immediate work unit and monitor impact outside immediate work unit \Box Ability to make decisions which have significant impact on the department's credibility, operations, and Services Communication ☐ Ability to understand and follow basic instructions and guidelines ☐ Ability to complete routine forms, use existing form letters and/or conduct routine oral communication ☐ Ability to compose letters, outlines, memoranda, and basic reports and/or to orally communicate technical information ☐ Ability to communicate with individuals utilizing a telephone; requires ability to hear and speak effectively on phone Ability to express or exchange ideas by means of the spoken word, communicating orally with others accurately, loudly, and quickly Ability to make informal presentations, inside and/or outside the organization. Speaking before groups Ability to compose materials such as detailed reports, work-related manuals, publications of limited scope or impact, etc., and/or to make presentations outside the immediate work area Ability to formulate complex and comprehensive materials such as legal documents, authoritative reports,

official publications of major scope and impact, etc., and/or to make formal presentations

7.0 Signatures:

Incumbent's Printed Name:
Incumbent's Signature (If, employee completed the questionnaire):
Supervisor's Printed Name:
Supervisor's Signature*:
* Supervisor's Signature indicates <u>approval</u> , and that the questionnaire was <u>reviewed for accuracy</u> .
Business Center HR Signature:
BCHR Signature*:

Additional comments or aspects of the position you feel the questionnaire has not covered may be attached.