Job Assessment Tool ©

A written request for a position review may be submitted by an employee, the Association President, or a supervising administrator who believes a substantial change in the employee’s assigned job responsibilities or workload has occurred.

The Job Assessment Tool is a document used to gather information from employees about their jobs. Specifically, you will be asked to give us feedback on your role, responsibilities, and duties in the organization.

**Employee Information:**

|  |  |
| --- | --- |
| Employee’s Name: |  |
| Supervisor’s Name: |  |
| Dean/ELT Member Name: |  |
| Phone/Extension: |  |
| Department: |  |
| Date: |  |
| E-mail Address: |  |

**Position Information:**

|  |  |
| --- | --- |
| Position Number: |  |
| Position Title: |  |
| Status (Part-Time or Full-Time): |  |
| Current Classification Level: |  |
| Current Salary Step: |  |

**SECTION 1.0 POSITION DESCRIPTION**

*Briefly provide an overview of your current position, including any changes to your responsibilities, duties, or scope of authority.*

Click or tap here to enter text.

**SECTION 2.0 JOB DESCRIPTION**

*Review current job description and make sure any changes to your position are reflected in the Essential Duties and Responsibilities section. Confirm percentage of time spent on each duty is accurate. Attach updated job description to this request at the time of submission to HR-Employment.*

Job Description is attached to request

**SECTION 3.0 TYPE OF WORK PERFORMED**

*Please check* ***the one*** *box that best describes the type of work you do.*

|  |  |
| --- | --- |
| 1.  Administrator Non-Supervising | 2.  Administrator Supervising |

**SECTION 4.0 ADMINISTRATOR DESCRIPTION**

*Please choose one of the following and explain below.*

I regularly compare and evaluate possible courses of conduct, and then act or make a decision after the

various possibilities have been considered.

My decisions and recommendations may be reviewed at a higher level and, upon occasion, revised or

reversed.

I have authority to formulate, affect, interpret, or implement management policies or operating procedures.

My decisions can have a significant financial impact.

I provide consultation or expert advice to management.

The manuals, guidelines or other established procedures I use contain or relate to highly technical, scientific,

legal, financial or other similarly complex matters.

I use my advanced knowledge to analyze, interpret or make deductions from varying facts or circumstances.

My responsibilities impact:

My direct department and/or service area.

Departments and/or divisions outside of my direct department.

Describe in detail how your position requires independent judgement with the respect to matters of significance.

Click or tap here to enter text.

**4.1 INFORMATION TECHNOLOGY ADMINISTRATOR DESCRIPTION (*if applicable*)**

*Please choose one of the following and explain below.*

My job responsibilities include professional work that is considered computer-related.

Duties include the application of systems analysis techniques and procedures, including consulting with

users, to determine hardware, software, or system functional specifications.

My responsibilities include the design, development, documentation, analysis, creation, testing or

modification of computer systems or programs.

My responsibilities include the design, documentation, testing, creation, or modification of computer

programs related to machine operating systems.

Describe in detail how your position is related to information technology job functions.

Click or tap here to enter text.

**4.2 SUPERVISORY RESPONSIBILITIES DESCRIPTION (*if applicable*)**

*Please choose one of the following and explain below.*

I regularly direct the work of two or more employees.

My direct reports engage in the same work activities as required by my position.

I have the authority to hire, fire, or discipline other employees.

I determine and create internal work procedures and processes for a department and/or division.

I am responsible for regulatory and/or legal compliance.

Explain how your primary duty is the management of a recognized department and/or division.

Click or tap here to enter text.

**SECTION 5.0 LEADERSHIP**

Please explain the scope and level of decision making in your day to day activities.

Click or tap here to enter text.

Please explain the level of impact your position has in your department, division, and/or the College.

Click or tap here to enter text.

Please explain the level of oversight your supervisor has in determining and guiding your work.

Click or tap here to enter text.

**SECTION 6.0 WORKING CONDITIONS**

Please explain the scope and level of your working environment (i.e. stable environment, dynamic/responsive environment).

Click or tap here to enter text.

In your position, please explain the frequency you may deal with crisis situations that require independent decision-making.

Click or tap here to enter text.

**SECTION 7.0 COMPLEXITY**

*Please choose one of the following and explain below.*

Clerical/Manual (Copying, maintaining files, entering data)

Specialized knowledge of clerical or trades-based tasks (Gathering, formatting, or visually analyzing data)

Entry-Level professional (Basic data analysis & synthesis, report creations, regulatory or compliance process)

Advanced professional (Advanced administrative, technical, accounting, legal, or managerial skills)

Advanced technical (Advanced administrative, managerial, scientific, legal, or mathematical concepts related to technology)

Click or tap here to enter text.

Please explain the complexity of your work and how it relates to analyzing data, scientific or mathematical concepts, reporting, or complex technical skills.

Click or tap here to enter text.

**SECTION 8.0 DECISION MAKING**

Please explain the scope and level of your decision making in your position.

Click or tap here to enter text.

Please explain the impact of any decisions you make, including the impact of an incorrect decision on your department, division, and/or the College.

Click or tap here to enter text.

Please explain your responsibility for determining goals, policies, and desired outcomes for your department/area. Include an explanation of the guidelines that you have to follow to make decisions in your position.

Click or tap here to enter text.

**SECTION 9.0 RELATIONSHIPS**

*Please choose one of the following and explain below.*

I work primarily alone.

I work with less than ten co-workers who engage in similar work responsibilities.

I work with more than ten co-workers who engage in similar work responsibilities.

I oversee and manage more than two employees performing similar or different types of work.

I oversee and manage work involving multiple departments.

Click or tap here to enter text.

**For Supervisors**

Please review the employee’s Job Assessment Tool and indicate for each section whether you agree or disagree with the information provided by the employee. Additional comments should be included in the space below and should be designed to help Human Resources gain a clear understanding of the employee’s work. For any section with which you disagree, please include a detailed explanation of your disagreement.

|  |  |  |  |
| --- | --- | --- | --- |
| SECTION 1.0 POSITION DESCRIPTION | I **agree** with the information provided. | I **disagree** with the information provided. | |
| *Supervisor Comments* |  | | |
| SECTION 2.0 JOB DESCRIPTION | I **agree** with the information provided. | | I **disagree** with the information provided. |
| *Supervisor Comments* |  | | |
| SECTION 3.0 TYPE OF WORK  PERFORMED | I **agree** with the information provided. | I **disagree** with the information provided. | |
| *Supervisor Comments* |  | | |
| SECTION 4.0 – 4.2 ADMINISTRATOR  DESCRIPTION | I **agree** with the information provided. | | I **disagree** with the information provided. |
| *Supervisor Comments* |  | | |
| SECTION 5.0 LEADERSHIP | I **agree** with the information provided. | I **disagree** with the information provided. | |
| *Supervisor Comments* |  | | |
| SECTION 6.0 WORKING CONDITIONS | I **agree** with the information provided. | I **disagree** with the information provided. | |
| *Supervisor Comments* |  | | |
| SECTION 7.0 COMPLEXITY | I **agree** with the information provided. | I **disagree** with the information provided. | |
| *Supervisor Comments* | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| SECTION 8.0 DECISION MAKING | | I **agree** with the information provided. | I **disagree** with the information provided. |
| *Supervisor Comments* |  | | |
| SECTION 9.0 RELATIONSHIPS | | I **agree** with the information provided. | I **disagree** with the information provided. |
| *Supervisor Comments* |  | | |
| SECTION 10.0 FINANCIAL  RESPONSIBILITIES | | I **agree** with the information provided. | I **disagree** with the information provided. |
| *Supervisor Comments* |  | | |
| ADDITIONAL COMMENTS | |  |  |
| *Supervisor Comments* |  | | |

Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| DEAN/EXECUTIVE DIRECTOR/SENIOR VICE-PRESIDENT COMMENTS | |  |  |
|  |  | | |

Dean/Executive Director/Senior Vice-President Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean/Executive Director/Senior Vice-President Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean/Executive Director/Senior Vice-President Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_