**JOB CONTENT QUESTIONNAIRE***(This form has been issued for the purpose of determining exemption status and minimum compensation as required for the
U.S. DOL Fair Labor Standards Act Exemption Overtime Laws.)*

**Please complete Sections I through VI and include in the promotion packet for Exempt level positions (Associate Professionals, Engineers, Scientists, Computer Scientists, Staff Administrators)**

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| **SECTION I - - INTRODUCTORY INFORMATION** |
| ***Employee Name*** | ***Job Title*** | ***Supervisor/Mgr Name*** | ***Date* (mm/dd/yy)** |
|       |       |       |       |
| **SECTION II - - JOB PURPOSE** |
| *Provide a brief summary of the overall function of the employee’s work in no more than two or three sentences.* |
|       |
| **SECTION III - - MAJOR JOB DUTIES** |
| *List the major duties performed (in order of importance) and indicate the approximate percentage of time spent on each during a typical work week. The total should equal 100% or less. Do not list occasional duties that are generally 5% or less of the job. Where possible, provide examples of discretion and judgment used in the job to perform the duty listed.*  |
| **1** | **% of Time =** |  |
|       |
| **2** | **% of Time =** |  |
|       |
| **3** | **% of Time =** |  |
|       |
| **4** | **% of Time =** |  |
|       |
| **5** | **% of Time =** |  |
|       |
| **SECTION IV - - SUPERVISORY RESPONSIBILITIES** |
| 1. Is the employee responsible for the direction/supervision of other employees?

 *Yes* *[ ]  No* *[ ]*  If not, skip to SECTION V. |
| If yes, how many employees report **DIRECTLY** to this employee?     Please list their names and titles

|  |  |  |  |
| --- | --- | --- | --- |
| ***Names*** | ***Titles*** | ***Names*** | ***Titles*** |
|       |       |       |       |
|       |       |       |       |
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| 1. How many employees, if any, INDIRECTLY report to the employee?

(Please note that matrixed employees are considered DIRECT employees while under the matrix agreement) |
| **Describe:**       |
| 1. Does the employee have the full authority to:
 |
| **(a)** Assign work and give instructions? *Yes* *[ ]  No* [ ]  **(b)** Train employees? *Yes [ ]  No* [ ]   |
| **(c)** Formally review performance? *Yes* *[ ]  No* [ ]  **(d)** Coach and discipline? *Yes [ ]  No* [ ]   |
| **(e)** Handle employee’s grievances? *Yes* *[ ]  No* [ ]  **(f)** Interview and select employees? *Yes [ ]  No* [ ]   |
| **(g)** Recommend promotions and/or terminations? *Yes* *[ ]  No* *[ ]* **Comments (if necessary, please elaborate on a-g above):** |
| **SECTION V - - SCOPE OF RESPONSIBILITIES**  |
| 1. Select the level in which the employee will have the freedom to act:

*[ ]  Under immediate supervision, follows established routines or guidelines**[ ]  Close Supervision, assigned work with limited latitude**[ ]  General Supervision, receives general guidance on work priority with substantial discretion**[ ]  Works Independently, assignments are in the form of goals or results**Please list an illustrative example:*1. *Select the level of impact the employee’s decisions will generally have:*

*[ ] Restricted to employee**[ ] Impact on group**[ ] Impact on multiple groups/division**[ ] Impact on overall lab**for multiple groups please list:*1. Does the employee have the responsibility to develop strategies and goals within their department?

*Yes [ ]  No [ ]*  |
| **I certify that the facts contained in this questionnaire are true and complete to the best of my knowledge** |
| **Completed By:****Date Submitted (mm/dd/yy):**  |