**Blueprint: Modify Merit Position Description**

Please call Classification/Compensation at 294-4800 if you have any questions

*\*\*\*This form has dropdown menus and therefore needs to be filled out electronically.*

Action Justification

\*Required Information

**Position Justification**

\*Purpose of Action Choose an item.

\* Are you going to fill this position? Choose an item.

\*Justification for Action:

**Series or Multiple Position Advertisement**

This section details the need for advertising in a series or filling multiple positions of the same classification from one advertisement. If you are advertising in a series, enter the additional University Title in the *University Title Recommendations to UHR* field below.

\*Are you advertising as a series? Choose an item.

\*Are you filling multiple positions from one posting? Choose an item.

Additional Position Numbers for Series or Multiple Position Advertisement:

**Position Recommendation**

\*University Title Recommendation to UHR:

Position Details

\*Required Information

**Position Details**

Position Title:

Appointment Type: Choose an item.

Base of Employment: Choose an item.

\*Confidential Position: Choose an item.

*A confidential position is exempt from the collective bargaining unit as defined in Chapter 20 of the Iowa Code.*

\*Pay Frequency: Choose an item.

\*Number of Months employed Per Year: Choose an item.

Location (if other than Ames):

Work Unit:

\*Summary of Duties and Responsibilities:

Hiring Manager:

Previous Incumbent:

**Job Duties**

Job Duty Label is used to identify major functions of the job. A minimum of three entries are required, including one that must read ‘Other duties as assigned-5%.’ Typically, job duties should be no more than 45%. The percent of total time must add up to 100%.

\*Job Duty Label:

\*Description of Job Duty:

\*Percent of total time:

 *Enter a number with a maximum of 2 digits*

\*Job Duty Label:

\*Description of Job Duty:

\*Percent of total time:

 *Enter a number with a maximum of 2 digits*

\*Job Duty Label:

\*Description of Job Duty:

\*Percent of total time:

 *Enter a number with a maximum of 2 digits*

Job Duty Label:

Description of Job Duty:

Percent of total time:

*Enter a number with a maximum of 2 digits*

Job Duty Label:

Description of Job Duty:

Percent of total time:

*Enter a number with a maximum of 2 digits*

**Section: Supervision**

This section is to be completed for positions that supervise AFSCME staff members. To be eligible to be supervisory, the position must have the authority to hire, discipline, sign the performance evaluation, terminate, train, assign work, and check work of those they supervise. Student employees should not be considered.

Please indicate all university titles this position supervises and the number of individuals in each title.

University Title of

Positions Supervised:

Total Head Count Per

University Title:

Total FTE Supervised Per

University Title Selected:

Hire: Choose an item.

*Are you responsible for making the hiring decisions for this position?*

Discipline: Choose an item.

*Are you responsible for enforcing adherence to work rules, policies and performance expectations?*

Sign Evaluation: Choose an item.

*Do you conduct and sign the performance evaluation form for this employee?*

Terminate: Choose an item.

*Do you conduct and sign the performance evaluation form for this employee?*

Train: Choose an item.

*Are you responsible for teaching the skills needed to do this job?*

Assign Work: Choose an item.

*Do you assign daily tasks to this employee?*

Check Work: Choose an item.

*Do you make sure the employee’s job is done according to performance expectations?*

**Section: Equipment/Software**

\*Category of equipment/software: Choose an item.

\*Percent of Time During Average Day:

\*Is use of this equipment/software Essential or Non-Essential: Choose an item.

\*If essential, please list specific equipment and reason for use:

\*Category of equipment/software: Choose an item.

\*Percent of Time During Average Day:

\*Is use of this equipment/software Essential or Non-Essential: Choose an item.

\*If essential, please list specific equipment and reason for use:

\*Category of equipment/software: Choose an item.

\*Percent of Time During Average Day:

\*Is use of this equipment/software Essential or Non-Essential: Choose an item.

\*If essential, please list specific equipment and reason for use:

Complexity

Please indicate total percent of time spent supervising:

Describe the nature of your responsibility for money, machines, equipment, supplies:

What loss can occur through an honest error? Losses include both dollar outlays and non-monetary or human considerations:

Records and Reports: What records or reports do you prepare which require you to gather, analyze, and summarize data?

What is the source of data for the records or reports?

Does the position require work knowledge beyond the duties of this job? If so, state examples below.

Work in own department:

Work in other departments:

University policies:

Are externally imposed deadlines a routine part of the duties of this position excluding those established by one’s supervisor or department head? If so, give illustration.

Is responding to questions and problems on an immediate basis a regular daily aspect of the position? Give specific examples.

Checking of Incumbent’s Work: How, by whom, and with what frequency is your work inspected, checked or verified?

Personal Interaction

How often do you have recurring contact with any of the following groups or levels other than co-workers, and what is the primary reason for and nature of these contacts?

Institutional Group: Choose an item.

Purpose of Contact:

Frequency: Choose an item.

How often do you have recurring contact with any of the following groups or levels other than co-workers, and what is the primary reason for and nature of these contacts?

Institutional Group: Choose an item.

Purpose of Contact:

Frequency: Choose an item.

How often do you have recurring contact with any of the following groups or levels other than co-workers, and what is the primary reason for and nature of these contacts?

Institutional Group: Choose an item.

Purpose of Contact:

Frequency: Choose an item.

Essential Physical Functions

\*Required Information

Please select the most appropriate response for the position using the definitions below

**Physical Demand Factors**

Definitions for the physical demand factors:

**Sedentary definition:** Exerting up to 10 lb. of force occasionally and/or a negligible amount of force frequently to lift, carry, push, pull or otherwise move objects.

**Light definition:** Exerting up to 20 lb. of force occasionally, and/or up to 10 lb. of force frequently, and/or negligible amount of force constantly (constantly: activity or condition exists 2/3 or more of the time) to move objects. Physical demand requirements are in excess of those for sedentary work.

**Medium definition:** Exerting 20 to 50 lb. of force occasionally, and/or 10 to 25 lb. of force frequently, and/or greater than negligible up to 10 lb. of force constantly to move objects. Physical Demand requirements are in excess of those for Light Work.

**Heavy definition:** Exerting 50 to 100 lb. of force occasionally, and/or 25 to 50 lb. of force frequently, and/or 10 to 20 lb. of force constantly to move objects. Physical demand requirements are in excess of those for Medium work.

**Very Heavy definition:** Exerting in excess of 100 lb. of force occasionally, and/or in excess of 50 lb. of force frequently, and/or in excess of 20 lb. of force constantly to move objects. Physical demand requirements are in excess of those for heavy work.

 \*Lift Choose an item.

*To raise or lower an object < 10 lb. from one level to another*.

\*Push Choose an item.

 *To press with steady force, thrust objects forward, downward, outward*

\*Pull Choose an item.

 *To drag or lug objects.*

**Physical Demand Frequency**

Please review the following physical demand factors and identify the level of frequency each factor requires for this position. Please refer to the following definitions if needed.

**Occasionally**: activity or condition exists up to 1/3 of time

**Frequently:** activity or condition exists from 1/3 to 2/3 of the time

**Constantly:** activity or condition exists 2/3 or more of the time

Kneel Choose an item.

 *To bend legs at the knee, come to rest on knees.*

Crouch Choose an item.

 *To bend the body down and forward, bending the legs and spine.*

Crawl Choose an item.

*To move on the hands, knees, and feet.*

Climb Choose an item.

 *To ascend/descend stairs, ladders, ramps, etc.*

Sit Choose an item.

 *To rest the buttock on a seat with torso upright.*

Stand Choose an item.

 *To bear weight on one’s feet in a static position.*

Walk Choose an item.

*To move about on foot.*

Carry Choose an item.

*To manually transport/move an object.*

Push Choose an item.

 (Frequency) *To press with steady force, thrust objects forward, downward, outward.*

Pull Choose an item.

 (Frequency) *To drag or tug objects.*

Bend Choose an item.

 *To bend downward and forward by bending the spine at the waist.*

Balance Choose an item.

 Exceeding ordinary body equilibrium.

Reach Choose an item.

 *Extend hands and arms in any direction.*

Handle/Grasp Choose an item.

*Seize, hold, turn with hands.*

Finger Choose an item.

 *Pinch, type, activity with fingers.*

Repetitive

Motion Choose an item.

*Repetitious movements of arms, hands, wrists, etc.*

Speak Choose an item.

 *Express or exchange ideas verbally.*

Hear Choose an item.

*Perceiving sound by ear.*

See Choose an item.

*Obtain impressions through the eye.*

**Additional Physical Demands**

\*Requires visual clarity greater than 20 feet Choose an item.

\*Requires visual clarity less than 20 inches Choose an item.

\*Requires ability to distinguish color Choose an item.

\*Subject to extreme cold: Choose an item.

*Temperatures may be below 32 degrees for more than one hour at a time.*

*Consideration* *should be given to the effect of other environmental conditions*

*such as wind or humidity.*

\*Subject to extreme heat: Choose an item.

*Temperatures may be above 100 degrees for more than one hour at a time.*

*Consideration should be given to the effect of other environmental conditions*

*such as wind or humidity.*

\*Subject to atmospheric conditions: Choose an item.

*One or more of the following conditions that affect the respiratory system or the skin: Fumes, odors,* *dust, mists, gases or poor ventilation.*

\*Subject to noise: Choose an item.

 *There is sufficient noise to cause the worker to shout in order to be heard above the ambient noise level.*

\*Exposure to vibrating movements to the extremities or entire body:

 Choose an item.

\*Works with or in proximity to dangerous and/or moving machinery:

Choose an item.

\*Works in dark or confined space: Choose an item.

\*Works in areas where slip hazards exist: Choose an item.

Describe additional working conditions of the job not indicated above. You may list specific safety equipment an employee will be required to use. Is there anything about location, physical requirements, or job activity which may be hazardous to you or your clothing? If so, specify.

Qualifications

\*Required Information

**Qualifications**

This section highlights the necessary qualifications, licensure, certification, and skills a candidate must or should have to be successful in the position.

\*Supplemental Required Education and Experience:

\*Preferred Education and Experience:

\*What other knowledge, skills or abilities are required in order to carry out the duties of the position?

Does the position require a valid driver’s license in order to perform the essential duties of this position?

Choose an item.

If yes, provide rationale AND add required license in the section below:

Training: Assuming that a new employee on this job has the necessary education and experience to qualify for the position, what training is necessary to achieve an acceptable performance level after the employee is on the job?

**Required Licensure(s)/Certification(s)**

*This section lists required licensure(s), and certification(s).*

Required Licensure(s)/Certification(s):

Required Credentialing agency name:

Required Credentialing agency website/contact information:

**Section: Preferred Licensure(s)/Certification(s)**

*This section lists preferred licensure(s), and certification(s).*

Preferred Licensure(s)/Certification(s):

Preferred Credentialing agency name:

Preferred Credentialing agency website/contact information:

Verification

\*Required Information

 Employee Verification:

 \*Supervisor Verification:

*By typing your name in the box above, you are signing this form. Your signature certifies that the information provided accurately describes the duties and responsibilities of the position.*

\*Department Chair/Director Verification:

*By typing your name in the box above, you are signing this form to certify this action.*

\*Dean/AVP Verification:

*By typing your name in the box above, you are signing this form to certify this action.*

President/Senior VP Verification:

*By typing your name in the box above, you are signing this form to certify this action.*

Posting Position Details

\*Required Information

**Posting Position Details**

Please complete this section only for positions that will be posted. This information is not needed for reclassifications or updates.

\*Advertised Employing Department:

\*Full or Part-Time: Choose an item.

\*Fraction: Choose an item.

 \*Shift: Choose an item.

\*Work Schedule:

\*Number of Hours per week: Choose an item.

 Additional Information:

*May include expectations for the position such as travel, on call, work location, or working occasional weekends. Can also include special instructions to UHR Recruitment for posting.*

Number of Positions: Choose an item.

\*Proposed Start Date:

Proposed End Date or Length of Term:

Posting Admin:

**Budget**

\*Account:

*7 digits required, no dashes*

Sub-Account:

*6 digits, no dashes*

 Account # % (1-100)

**Recruitment Planning-Posting Details**

\*Is this posting for external, internal (to ISU) or waiver of advertisement?

 Choose an item.

Business Rationale for internal posting or waiving advertisement:

For waiver, name of intended hire(s):

\*List the recruiting resources the department intends to further advertise the posting. The position will automatically be posted on iastatejobs.com and the Iowa Workforce website. Additional advertising is the responsibility of the hiring department.

Choose an item.

Indicate which specific website, placement office, trade journal, newspaper or other resources that you intend to use:

\*Department Contact Name:

*The name of the person who will answer questions from applicants.*

Department Contact Phone Number:

Department Contact Email Address:

Department Unit/Website:

Do you want this posted longer than the required advertisement period on iastatejobs.com?

*Advertisement Period Requirements* [*http://www.hrs.iastate.edu/hrs/node/202*](http://www.hrs.iastate.edu/hrs/node/202) *(click on the link to open link in a new window or tab)*

Choose an item.

If yes, how many calendar days would you like the posting to appear on the web?

**Background Check**

Background Check Descriptions: <http://www.hrs.iastate.edu/hrs/node/327>(right click on the link to open in a new window or tab)

What type of background check would you like to conduct? Choose an item.

Rationale for a credit check:

\*Account for background check charge:

 *7 digits required, no dashes*

Sub-account for background check charge:

*6 digits, no dashes*

Supplemental Questions

*\*\*\*all questions must be approved by UHR*

Question 1:

Question 2:

Question 3:

Question 4:

Question 5:

Applicant Documents

Resume/Curriculum Vitae Choose an item.

 Letter of Application/Cover Letter Choose an item.

Reference Contact Information Choose an item.

Statement of Career Goals Choose an item.

Statement of Teaching and/or Research Interest Choose an item.

Other Documents Choose an item.

Other Documents Choose an item.

Supervisor

\*Required Information

\*Supervisor’s Name: