**POSITION SUMMARY**

*Describe the primary function of the position; why the position exists. Usually no more than 3 sentences.*

**POSITION SUPERVISION**

**Title of Supervisor of this position's supervisor:**

**Title of supervisor of this position:**

**Name:**

**RESPONSIBILITIES/DUTIES**

*For each entry, specify the 'Responsibility Statement'. This is a general summary that supports the duties. (Typically, no more than 5 words.) Example: Budget and Financial Analysis*

For the Duties within each Responsibility Statement –

Example:

1. Research, compile and maintain complex statistical, numerical and computerized reports.

2. Prepare moderate to complex analysis of requested information and data.

3. Monitor department budget.

***(Copy/paste the fields, if have more than 3 responsibility statements)***

**Responsibility Statement:**

**Duties:**

**Percentage of time:**

**Level of Importance** *(Low, Average or High)***:**

**Responsibility Statement:**

**Duties:**

**Percentage of time:**

**Level of Importance** *(Low, Average or High)***:**

**Responsibility Statement:**

**Duties:**

**Percentage of time:**

**Level of Importance** *(Low, Average or High)***:**

**Responsibility Statement:**

**Duties:**

**Percentage of time:**

**Level of Importance** *(Low, Average or High)***:**

**Responsibility Statement:**

**Duties:**

**Percentage of time:**

**Level of Importance** *(Low, Average or High)***:**

**DIRECT/INDIRECT REPORTS**

***Type of report is either Direct or Indirect (separate entry for each group of positions with same title)***

***Direct Report –*** *Involves guidance and direction over employees who report to the supervisor. Includes supervision of work training and personnel functions to include activities such as interviewing, selecting and training employees; setting and adjusting rates of pay and hours of work; directing employees’ work; appraising employees’ productivity and efficiency for the purpose of recommending promotions or other status changes; handling employee complaints and grievances; disciplining employees; and planning the work. Individual has authority to take whatever action he or she deems advisable or necessary.****Indirect Report –*** *Supervises employees when they are assigned to assist with the completion of a specific task or function. This includes work distribution, scheduling, training, answering of questions related to work, assisting in solving problems, etc. May provide input with any personnel functions such as salaries, discipline, promotions, etc. The individual is required to get management’s approval before taking action which she or he believes is required or advised.*

***(Copy/paste the fields, if have more than 3 Type of Reports)***

**Type of Report:**

**Title:**

**Number of Staff:**

**Total FTE:**

**Type of Report:**

**Title:**

**Number of Staff:**

**Total FTE:**

**Type of Report:**

**Title:**

**Number of Staff:**

**Total FTE:**

**CONTACTS & COMMUNICATIONS**

*Describe the interaction this position has with other positions, persons, units, or groups. Identify each type of contact (department name, title of position, company name), level of contact (within the department, Internal for UNMC, External for UNMC), frequency of contact and purpose (examples: to refer inquiries, provide/obtain information, give advice, etc. Specify impact on others). (Don’t list Supervisors and direct/indirect reports )*

***(Copy/paste the fields, if have more than 3 Type of Reports)***

**Type of Contact**:

**Level of Contact:** *(Within Department, Internal to UNMC or External to UNMC)*

**Frequency of Contact:** *(Daily, 2-3 times a week, Weekly, Monthly, Quarterly, Semi-annually or As needed)*

**Purpose of Contact:** *(examples: to refer inquiries, provide/obtain information, give advice, etc. Specify impact on others).*

**Type of Contact**:

**Level of Contact:** *(Within Department, Internal to UNMC or External to UNMC)*

**Frequency of Contact:** *(Daily, 2-3 times a week, Weekly, Monthly, Quarterly, Semi-annually or As needed)*

**Purpose of Contact:** *(examples: to refer inquiries, provide/obtain information, give advice, etc. Specify impact on others).*

**Type of Contact**:

**Level of Contact:** *(Within Department, Internal to UNMC or External to UNMC)*

**Frequency of Contact:** *(Daily, 2-3 times a week, Weekly, Monthly, Quarterly, Semi-annually or As needed)*

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**Type of Contact**:

**Level of Contact:** *(Within Department, Internal to UNMC or External to UNMC)*

**Frequency of Contact:** *(Daily, 2-3 times a week, Weekly, Monthly, Quarterly, Semi-annually or As needed)*

**Purpose of Contact:** *(examples: to refer inquiries, provide/obtain information, give advice, etc. Specify impact on others).*

**QUALIFICATIONS**

Required Education:

If any degree/training is required, please specify the type:

Preferred Education:

If any degree/training is preferred, please specify the type:

Required Experience:

If any experience is required, please specify what kind of experience:

Preferred Experience:

Required License:

If yes, what is the required licensure/certification?

Preferred License:

If yes, what is the preferred licensure/certification?

Required Computer Applications:

Required Other Computer Applications:

Preferred Computer Applications:

Preferred Other Computer Applications:

Required Additional Knowledge, Skills and Abilities:

Preferred Additional Knowledge, Skills and Abilities:

**SCOPE & IMPACT**

**In terms of overall job responsibilities, to what degree does an incumbent determine his/her own work priorities** **SELECT ONE** *(Determines priorities approximately 25% of time, 26%-50% , 51%-75%, 76% or more, OR Priorities are always predetermined)*

**Are there formal guidelines, government regulations, policies, etc. that must be followed?** *(Yes or No)*

**If yes, please explain:**

**How accessible is the immediate supervisor for the incumbent to easily obtain authoritative advice on how to handle a situation? SELECT ONE** *(Frequently, Infrequently, Almost Always)*

**To what degree does this position require decision-making or problem solving skills, as a primary function of the position?** **SELECT ONE** (*Regular and recurring job requirement, Occasional job requirement, Not a job requirement, OR Overriding job requirement)*

**How quickly is the overall correctness of the work of an incumbent in this position typically determined?** **SELECT ONE** *(Determined within short period of time, Determine over a period of months, Very quickly determined, OR Determined over period of year or so)*

**Describe the budgetary accountabilities for this position:**

**What impact do the decisions/recommendations made by the position have on the department/campus?**

**What is the likely effect of potential errors made by an incumbent in this position in the regular course of his/her work?**

**ESSENTIAL POSITIONS**

*During emergency conditions due to severe weather, natural disasters, major utility failure, or other unplanned events, certain personnel are activated in order to minimize the impacts of emergencies and disasters, and to protect the people, property, and restore the primary mission of the University of Nebraska Medical Center. These personnel occupy positions which are designated as 'Essential Positions'.*

**Is this position designated as ‘Essential’** *(Yes or No)*

***(If No – move to the next section ‘Working Environment & Physical Requirements, If Yes – continue to indicate the Emergency Conditions)***

*There are two types of Essential Positions which are defined so in the Position Description module:*

*Campus Essential Position Department Essential Position*

*If the position is designated as ‘Essential’ – complete the information related to specific Conditions under which the person is activated as Campus Essential, Department Essential or both.*

*Specify the Priority Rank when applicable.*

**Emergency Conditions *(****Indicate one of following choices for each:* ***Campus Priority 1*** *OR* ***Campus Priority 2*** *OR* ***Department Priority 1*** *OR* ***Department Priority 2*** *OR* ***Campus/Department Priority 1*** *OR* ***Campus/Department Priority 2*** *OR* ***Not Applicable****)*

Biological-Chemical-Radiological:

Fire:

Ice-Snow:

Pandemic:

Power Outage:

Severe Weather:

Terror:

Water Damage by Flood or Other:

Other:

**If other, please explain.**

**WORKING ENVIRMONMENT & PHYSICAL REQUIREMENTS**

**Working Environment** *(Indicate ‘Yes’ or ‘No’ that best describes the Environment in which the primary function of the position is performed)*

Office environment:

Lab environment:

Outdoors environment:

Animal facility:

Mechanical facilities:

Clinical environment:

Other Environment:

**If Other Environment, explain:**

**Patient Care and Contact - Age-specific Competency** *(Indicate ‘Yes’ or ‘No’ that best describes the Age Specific population(s) served within the scope of this positions)*

Not Applicable:

Pre-term/Neonate (birth - 6 wks):

Infant (6 wks - 12 months):

Toddler (1 - 3 years):

Pre-School (3 - 6 years):

School Age (6 - 12 years):

Adolescence (12 -18 years):

Adult (18 - 65 years):

Geriatric Adult (65 years and older):

All age groups:

**Exposures** *(Indicate ‘Yes’ or ‘No’)*

Atmospheric:

Blood/body fluids:

Chemical hazards:

Electrical current:

Working on or around moving machinery:

Changes of temperature/humidity:

Noise:

**Animal Exposures** *(Indicate ‘Yes’ or ‘No’)*

Category 1 - Small animals including rodents, rabbits, calves, pigs, dogs, cats:

Category 2 - Sheep, goats:

Category 3 - Non-human primates:

**Wear Personal Protective Equipment** *(Indicate ‘Yes’ or ‘No’)*

Latex gloves:

Respirator:

Surgical mask:

Other equipment:

**If other, explain:**

**PHYSICAL REQUIREMENT** *(Indicate one of following choices for each:* ***Occasionally*** *(1-33%) OR* ***Frequently*** *(34-66%) OR* ***Continually*** *(67-100%), OR* ***Not Required****)*

Bending, stooping, twisting:

Crawling:

Driving:

Kneeling:

Reaching:

Sitting:

Standing:

Squatting:

Walking:

**Weight** *(Indicate one of following choices for each:* ***Occasionally*** *(1-33%) OR* ***Frequently*** *(34-66%) OR* ***Continually*** *(67-100%), OR* ***Not Required****)*

*FOR ‘Weight of’ indicate one of following choices for each:* ***Less than 10lbs*** *OR* ***Between 11-20lbs*** *OR* ***Between 21-40lbs*** *OR* ***Between 41-60lbs*** *OR* ***61-74lbs*** *OR* ***75-99lbs*** *OR* ***100lbs or more*** *OR* ***Not Applicable***

Carrying:

Weight of Carrying:

Lifting above the waist:

Weight of Lifting above the waist:

Lifting below the waist:

Weight of Lifting below the waist:

Pulling:

Weight of Pulling:

Pushing:

Weight of Pushing:

**Hand/Wrists** *(Indicate ‘Yes’ or ‘No’)*

Fine Manipulation:

Repetitive Motion:

Grasping:

**Compliance: (indicate ‘Required’ or ‘Not Applicable’)**

Child & Adult Sexual Abuse Registry Request and Check:

Credit Check:

Trustworthy and Reliable Certification:

Federal Contract:

Motor Vehicle Licensing Validity Check:

Pre-employment Physical Request and Assessment: