**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*** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | | | | | | | |
| 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):** | | | | | | | |