sulogo

**Non-Exempt Position Information (PI) Form**

FOR HR USE ONLY:

USM Job Spec. Title:

Job Code:

\*This form is to be completed by the supervisor.

|  |  |  |
| --- | --- | --- |
| **Employee’s Name:** | **Empl ID:** | **Date:** Click here to enter a date. |
| **Department:** | **Supervisor’s Name & Title:** | |
| **Internal Title:** | **2nd Level Supervisor’s Name & Title:** | |

**I) PURPOSE OF THE POSITION:** Briefly describe the major function of this job in no more than **3 sentences**.

Essential Personnel: This position is expected to report to work in emergency situations such as extreme weather conditions when the campus may be closed.

Sensitive: This position has a “substantially significant degree of responsibility for the safety of others and there is a potential that impaired performance in this position could result in death of or injury to the employee or others.”

**II) MINIMUM QUALIFICATIONS:** (What is required to perform the essential job duties?) Indicate the minimum requirements that an employee must possess to effectively perform the job duties.

**Education** (including required area of concentration):

**Work Experience** (# of years and type/field of experience):

**List any required technical skills** (computer skills, etc.):

**Does this position require certification/licensure?** Choose an item.

If yes, please specify:

**Required Knowledge, Skills & Abilities:**

**III) PHYSICAL DEMANDS OF THE POSITION:** (place an X for each applicable demand)

Lifting. Up to lbs.  Kneeling  Twisting  Pushing

Walking  Climbing  Bending  Pulling

Stooping  Standing  Sitting  Crawling

Reaching  Repetitive Motion  Heights up to  ft.

Exert force up to  lbs.  Use scaffolding/ladders  Other. Please specify:

Candidates selected for employment/current employees may be subject to medical inquiries and/or medical examinations to determine ability to perform the job. *(Based on USM Job Specification indication)*

**IV) PRIMARY JOB DUTIES:** List, in order of importance, the essential responsibilities of the job and estimate the percentage of time spent on each responsibility.

|  |  |
| --- | --- |
| **Job Duties** | **% of Time Required** |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |
| **5.** |  |
| **6.** |  |
| **7.** |  |
| *\*Note that this list is not all inclusive of all related job duties. Other job duties may be assigned.* | **Total 100%** |

**V) SUPERVISORY RESPONSIBILITIES:** (i.e., responsible for hiring, firing, performance appraisals, etc.). Choose an item. If yes, list the number and title(s) of the position(s) that report directly to this position:

When completed, the PI must be signed by the employee, the employee’s supervisor and the 2nd level supervisor. The original should be forwarded to the Human Resources Office. A copy should be given to the employee and a copy kept on file with the supervisor.

**Please sign and date below:**

Employee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Supervisor completing the PI:

Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click here to enter a date.

Printed Name of Second Level Supervisor Reviewing the PI:

2nd Level Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click here to enter a date.