

**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.