

Return to Human Resources No Later Than: _____

ADMINISTRATIVE/PROFESSIONAL POSITION EVALUATION PLAN

Supplementing the Position Classification Questionnaire (PP-15), this form lists factors important in assessing the level of the position being evaluated. The position Supervisor is to briefly state the level and effect of each factor. If none are applicable to your department, place an X in the box. If you are unable to evaluate a particular factor, place an X in the box.

FACTOR	LEVEL I-V (1 BEING THE LOWEST AND 5 BEING THE HIGHEST) EFFECT	N/A	CANNOT EVALUATE
MANUAL SKILL OR DEXTERITY REQUIRED		<input type="checkbox"/>	<input type="checkbox"/>
PHYSICAL EFFORT REQUIRED		<input type="checkbox"/>	<input type="checkbox"/>
ADVERSE WORKING CONDITIONS		<input type="checkbox"/>	<input type="checkbox"/>
HAZARDS		<input type="checkbox"/>	<input type="checkbox"/>
RESPONSIBILITY FOR THE SAFETY OF OTHERS		<input type="checkbox"/>	<input type="checkbox"/>
SERIOUSNESS OF ERRORS		<input type="checkbox"/>	<input type="checkbox"/>
RESPONSIBILITY FOR UNIVERSITY FUNDS OR PROPERTY		<input type="checkbox"/>	<input type="checkbox"/>
RESPONSIBILITY FOR CONFIDENTIAL INFORMATION		<input type="checkbox"/>	<input type="checkbox"/>
CONTACTS WITH GENERAL PUBLIC		<input type="checkbox"/>	<input type="checkbox"/>
CONTACTS WITH OTHER DEPARTMENTS		<input type="checkbox"/>	<input type="checkbox"/>
AVAILABILITY AND FREQUENCY OF SUPERVISION		<input type="checkbox"/>	<input type="checkbox"/>

Return to Human Resources No Later Than: _____

ADMINISTRATIVE/PROFESSIONAL POSITION EVALUATION PLAN

RESPONSIBILITY FOR WORK OF OTHERS		<input type="checkbox"/>	<input type="checkbox"/>
MANUAL SKILL OR DEXTERITY REQUIRED		<input type="checkbox"/>	<input type="checkbox"/>
PREVIOUS EXPERIENCE REQUIRED (INDICATE HOW MUCH)		<input type="checkbox"/>	<input type="checkbox"/>
COMPLEXITY AND DIFFICULTY OF DUTIES		<input type="checkbox"/>	<input type="checkbox"/>

Supervisor's Signature

Date

TO BE COMPLETED BY DEPARTMENT HEAD

Please provide additional input on the aforementioned commentary.

Signature of Department Head

Date