**WVU Research Corporation**

**Job Description Coversheet (Updates/Reviews)**

**DATE: 2/8/18**

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| **Departmental/College Request:**  Review of Existing Position-If changes in salary or reclassification of position are anticipated, please complete justification form  Conversion: Effective Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Change in weekly hours from \_\_\_\_\_\_to\_\_\_\_\_\_  Change in months from\_\_\_\_\_\_\_ to\_\_\_\_\_\_\_  Salary Review only  Other, (Circle one: Organization Change, Supervisor Change,  Interim Upgrade, \_\_\_\_\_\_\_\_\_\_\_\_\_ )  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dean/Director/Administrator/Designee Signature Date  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Provost/VP/Designee Signature (if applicable) Date  ***Approvals/Signatures may be submitted by email*** | | **Compensation and Classification Results:**Working Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SOC & Suffix: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Range: \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_  Minimum 25th Midpoint 75th Maximum  Employee Current Salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employee New Salary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Change: \_\_\_\_\_\_\_\_ Effective Date/Pay Cycle: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Salary Change Reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Analyst Signature Date | | | | |
| **CURRENT POSITION INFORMATION (*To be verified by EBO*):** | | | |  | |  |
| **Current Position Title and #:**  (Please copy title exactly as it appears in MAP)  **New Oracle Organization Name:**  **New Department Name:**  **Appointment Length:**  **Scheduled Hours Worked Per Week:** | | | | **Business Office Contact:**  **Telephone Number:**  **Email address:**  **Check Distribution #:**  **Physical Location (Building):** | | |
| **DEPARTMENT INFORMATION (*To be verified by EBO*):** | | |  | | | |
| **Supervisor’s Name: fgfdg Supervisor’s E-mail Address:**  **Supervisor’s Telephone #: Supervisor’s E-mail Address:** | Supervisor’s Email Address: | | | | | |
| **Supervisor’s Title and Position Number:**  **klrgjrklg kjrt Supervisor’s Telephone #:** | **Supervisor’s Telephone #:** | | | | | |
|  |  | | | | | |
| **EMPLOYEE INFORMATION *(To be verified by EBO):*** |  | | | | | |
| **Incumbent:** | **Employee #:** **Employee Email:** | | | | | |
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| **POSITION ATTRIBUTES *(To be completed by Classification & Compensation):*** **EEOC Category: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employment Status: FT (30hpw or more) PT Temp (90 days or less)**  **WC Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FLSA Status:** **E** **NE**  **Audit Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Benefits Eligible (must work 30hpw or more): Yes No**  **CH MM DT FH DL Class(D E CDL)**  **Updates/Docs. Requested: ­­­­\_\_\_\_\_\_\_\_\_\_ Received: \_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | |

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| **Duties and Responsibilities**  *List the current duties and responsibilities of the position. Indicate the average percentage of time spent performing each separate job duty throughout a 12 month period of time. Please list percentages of 5 percent or more. Describe what the duties and responsibilities are and how they are performed.* | |
| |  |  | | --- | --- | | **% of time** | **Duties and Responsibilities** | | |
| **QUALIFICATIONS**  **Education/Knowledge**   1. List the level and type of **minimum** education required to qualify for this position; **not** for the incumbent. | |
| * 1. What licenses or certification(s) (e.g. electrician’s license) if any, are **required** for the position? Specifically state the reason for this licensor requirement (supervisor’s preference, state or federal law, etc.). | |
| 1. What specific skills are **required** in order to carry out the duties of the position? | |
| **Experience**  In addition to the education/knowledge, please describe the type and **minimum** amount of **prior directly related** work experience typically required, if any, for a person coming into this position. Experience listed here is considered as concurrent not cumulative. | |
| Type of Experience Needed | Amount of Experienced Needed (Months/Years) |
| **ORGANIZATIONAL REPORTING RELATIONSHIPS** | |
| * + PLEASE ATTACH A FLOW CHART FOR YOUR ENTIRE DIVISION AND/OR DEPARTMENT TO THIS FORM. | |

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| **DISCLAIMER**  *This description does not state or imply that the duties listed are the only duties to be performed by the position incumbent. Justification for information provided in the PIQ may be requested. Employees are required to follow job-related instructions and perform other job-related activities assigned by their supervisor.*  *All requirements are subject to possible modification in order to provide a reasonable accommodation to individuals with disabilities. Some requirements may exclude individuals who pose a direct threat or significant risk to the health and safety of themselves, students, other employees, or the general public.* |
| **EMPLOYEE GENERAL COMMENTS**  *Employee may add other information which would be important in understanding the position description and which has not been covered in other sections of this form.*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employee’s Signature Date |
| **SUPERVISOR COMMENT SECTION**  *As a supervisor, it is important that you review this position description for accuracy and completeness and note any comments you may have next to the employee’s responses and please initial. The space provided is for general remarks you may have. This position description is intended solely for the purpose of accurately describing the position and not the person or her/his performance.*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  Supervisor’s Signature Date |

**Position Review Justification Form**

***This form should be submitted along with the PIQ/job description and resume.***

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The position supervisor should complete this form when submitting a job description where a change in the incumbent’s salary and/or reclassification of the position is anticipated. This justification form is not needed if there are no anticipated changes to the position or salary.

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1. Briefly explain how this position has changed, giving concrete examples of the changes (please note that the PIQ/job description should more fully explain this information in detail):
2. When were the new duties assigned or the duty changes made?
3. Please note the position title and/or salary/paygrade you are anticipating for this submitted PIQ/job description:
4. Do you know of or are you aware of any other positions or employees assigned/performing work similar to that of this position in its new description? If so, please list position titles or names of incumbents: