A Job Fact Sheet provides information on the added value of a position to the University. A well-written Job Fact Sheet is an excellent tool of communication between supervisors and employees.

For assistance, please contact the Job Analyst at [temi.onaselu@smu.ca](mailto:temi.onaselu@smu.ca).

PLEASE RETAIN A COPY OF THIS DOCUMENT FOR YOUR RECORDS

**Saint Mary's University**

**Senior Administrators/Administrative/Professional Staff**

**Job Fact Sheet - Form**

Title of Job Being Described Click or tap here to enter text.

Department and/or Faculty Click or tap here to enter text.

Incumbent’s Name (if applicable) Click or tap here to enter text.

Incumbent’s Email Address Click or tap here to enter text.

Immediate Supervisor's Name Click or tap here to enter text.

Supervisor's Email Address Date ­­­­­­­­­­Click or tap to enter a date.

Supervisor's Signature Date Click or tap to enter a date.

I have read and discussed my supervisor's comments.

Incumbent’s Signature (if applicable) Date Click or tap to enter a date.

**1. SUMMARY OF DUTIES**

**2. MAJOR ACTIVITIES**

Group activities into categories and list in point form each duty performed until the major elements of the positions are represented. Please indicate the percentage of time spend on each of the major activities listed to the nearest 5%, adding up to 100%.

Activity A: % of time spent on this activity: %

Click or tap here to enter text.

Activity B: % of time spent on this activity: %

Click or tap here to enter text.

Activity C: % of time spent on this activity: %

Click or tap here to enter text.

Activity D: % of time spent on this activity: %

Click or tap here to enter text.

Activity E: % of time spent on this activity: %

Click or tap here to enter text.

**3. INDEPENDENCE OF ACTION (In completing this question, consider only regular and recurring events and decisions).**

A. What types of decisions are made independently?

Click or tap here to enter text.

B. For what actions is it necessary to consult someone? Are approvals or instructions verbal or in writing?

Click or tap here to enter text.

**4. CONSEQUENCES OF ERRORS (Identify the extent of losses which result from mistakes in judgment or poor decisions (typical instances, not rare or extreme ones), and the responsibility for safety of others.**

Click or tap here to enter text.

**5. CONTACTS (**Identify the contacts and the purpose of the interaction, the frequency as daily (D), weekly (W), monthly (M), quarterly (Q), annually (A) and the method in writing (W), verbally (V)).

A. Inside the University:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title of Those Contacted | Purpose | Purpose | Frequency | Method |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

B. Outside the University:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title of Those Contacted | Purpose | Purpose | Frequency | Method |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**6. SUPERVISION** (if this position is not required to supervise staff, please indicate “n/a”)

1. Indicate titles of individuals who report directly to you plus number of individuals for whom each is responsible.

Click or tap here to enter text.

1. Indicate titles of others who report directly to your immediate supervisor.

Click or tap here to enter text.

1. Indicate the number of employees for whom you are ultimately responsible.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Time | Number F.T.E | Part Time | Student Employees | Other |
|  |  |  |  |  |

D. For “staff” positions, indicate the titles or groups of people for whom you provide information, policy interpretation or professional advice.

Click or tap here to enter text.

**7. FORMAL EDUCATION**

1. Identify the minimum formalized training/education and/or qualifications required for the position.

Completion of High School

Completion of less than High School followed by a one or two year commercial, technical, or vocational program

Completion of High School plus up to one year of a formal technical, commercial, or vocational program.

Completion of High School plus completion of a two year formal educational program.

Completion of a four year apprenticeship program or equivalent.

Completion of an undergraduate degree

Completion of an undergraduate degree from a university plus professional certification/designation.

Completion of a Masters degree.

Completion of a Doctoral degree.

1. Please list below any certificates, degrees, or professional designations required to perform the job.

Click or tap here to enter text.

1. Please define the specific duty that determines the certification or accreditation needed.

Click or tap here to enter text.

1. Please describe any elements of the job that require on-going study to keep abreast of knowledge required to perform the job; indicate how this study takes place.

Click or tap here to enter text.

**8. EXPERIENCE**

A. In addition to the education needed to perform the job, please define the amount of job experience required.

Less than one year.

One year to less than two years.

Two years to less than three years.

Three years to less than five years.

Five years to less than seven years.

Seven years to less than nine years.

Nine or more years (specify)

B. Please explain briefly how you arrived at your experience statement.

Click or tap here to enter text.

**9. EQUIPMENT OPERATION**

1. Please indicate the equipment or tools used in the job?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Frequency Used | | | |
| Equipment | Daily | Weekly | Monthly | Occasionally e.g..  (Every other month) |
|  |  |  |  |  |
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|  |  |  |  |  |
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1. For positions requiring computer use, please specify what equipment, software or languages are needed to perform the job.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Frequency Used | | | |
| Equipment/Software/  Language | Daily | Weekly | Monthly | Occasionally e.g..  (Every other month) |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Percent of Total Work Time | | | | |
|  | 0 - 5% | 5 - 20% | 20-40% | 40-70% | 70%+ |
| Comfortable; few exceptional demands |  |  |  |  |  |
| Moderate demands |  |  |  |  |  |
| Considerable demands |  |  |  |  |  |
| Extreme demands |  |  |  |  |  |

**10. MENTAL, VISUAL, PHYSICAL DEMANDS (**Check the appropriate level and give actual % if possible.

B. Examples of effort described above:

Click or tap here to enter text.

**11. WORKING CONDITIONS**

A. Describe the disagreeable aspects of the job environment in relation to employee safety and comfort, and the severity and frequency of exposure to workplace hazards.

Click or tap here to enter text.

B. How many hours per week are you scheduled to work?

Click or tap here to enter text.

C. Does your job require scheduled or unscheduled overtime or recall? Yes or No. If yes, explain, and specify if you are given special pay for the time involved

Click or tap here to enter text.

**12. ORGANIZATION CHART**

An organization chart is mandatory for the evaluation process to be completed. You may include this a separate attachment of file or may be pasted/embedded below.