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| --- | --- |
| A Job Fact Sheet provides information on the added value of a position to the University of Alberta. A well-written Job Fact Sheet consists of the form below AND a current organizational chart.  Completed Job Fact Sheets can be forwarded in PDF format  to [job.evaluation@ualberta.ca](mailto:job.evaluation@ualberta.ca). | For assistance with this form or the evaluation process, please contact your HR Service Partner or [job.evaluation@ualberta.ca](mailto:job.evaluation@ualberta.ca). |

**POSITION INFORMATION**

Is this a new or existing position: Choose an item.

*If existing,* please list position number(s): Click here to enter text.

*If existing and currently occupied,* please list Incumbent Name:Click here to enter text.

*If new,* how many position numbers are you requesting: Click here to enter text.

Faculty/Department:Click here to enter text.

Unit/Centre/Institute Name: Click here to enter text.

Department ID: Click here to enter text.

Working Title: Click here to enter text.

Position Type: Choose an item.

*If temporary, please indicate length of appointment:* Click here to enter text.

FTE (example: 1.0, 0.5, etc): Click here to enter text.

Hour Schedule: Choose an item.

Fund Source: Choose an item.

Direct supervisor of position: Click here to enter text.

Supervisor’s Email Address:Click here to enter text.

Is this position Excluded: Choose an item.

|  |
| --- |
| Effective Date *(date that evaluation becomes effective):* Click here to enter a date. |

Have you attached a recent org chart? Click here to enter text.

Special Requirements:

|  |  |
| --- | --- |
| Home Internet Access: Choose an item. | Conflict of Interest Disclosure: Choose an item. |
| Professional Accreditation: Choose an item. | Second Language: Choose an item. |

**SIGNATURES:** The signatures below indicate that all parties have read and discussed the content of the Job Fact Sheet. Please click [here](https://docs.google.com/document/d/1B3_9HEVzjRwYhLyqKyiRUC-C0tPHOteg_bYF1FFxoJI/edit) for further details on who needs to sign.

**FINANCIAL AUTHORIZATION (only required if Department Head/Trust Holder does not have financial authorization):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name Signature Date*

**INCUMBENT (if applicable):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name Signature Date*

**SUPERVISOR:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name Signature Date*

**DEPARTMENT HEAD/TRUSTHOLDER:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Name Signature Date*

**1. SIGNIFICANT CHANGES SINCE LAST REVIEW**

Enter text here.

**2. POSITION SUMMARY**

Enter text here.

**3. RESPONSIBILITIES/ACTIVITIES:** Group activities into categories and list in point form each duty performed until the major elements of the position are represented. Review each statement to ensure that it accurately describes what is done and briefly, how it is done. Please indicate the percentage of time spent on each of the major activities listed

Enter text here.

**4. KNOWLEDGE:** Identify the minimum formalized training/education and/or qualifications required to prepare an individual to be functional in the position.

Enter text here.

**5. INDEPENDENCE OF ACTION:** Describe the initiative required, the creativity and original thought, and also the amount of direction and control received from the supervisor or standard practices and precedents.

**A. What types of decisions are made independently?**

Enter text here

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

Enter text here.

**6. CONSEQUENCE 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.

Enter text here.

**7. CONTACTS:** Identify the contacts and the purpose of the interaction.

**A. Inside the university**

Enter text here.

**B. Outside the university**

Enter text here.

**C. Information sources**

Enter text here.

**8. SUPERVISION:** *If this position is not required to supervise staff, please indicate “n/a”.*

**A. Describe all aspects of formal supervision required of this position. Please be sure to complete Part B.**

Enter text here.

**B. Please indicate how many staff members are supervised by the position.**

Full-time employees:

Part-time employees:

Casual employees:

**9. PHYSICAL DEMANDS:** Describe the degree, frequency, severity, intensity and continuity of physical activity and/or intense visual concentration required.

**A. Activities**

Enter text here.

**B. What types of equipment or tools are used in the job?**

Enter text here.

**10. WORKING CONDITIONS:** 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.

Enter text here.

**11. SIMILAR POSITIONS AT THE UNIVERSITY OF ALBERTA:** Please list any position numbers, titles, departments or incumbent names that may be considered to be similar.

Enter text here.

**12. ORGANIZATION CHART:** An organization chart is mandatory for the evaluation process to be completed. You may include this as a separate attachment or file may be pasted/embedded below.