# **EMPLOYEE JOB ANALYSIS TEMPLATE**



EMPLOYEE INFORMATION				
EMPLOYEE NAME		POSITION TITLE		
EMPLOYEE ID		TIME IN CURRENT ROLE	YEARS	MONTHS
EMAIL		PHONE		
DIVISION		DEPARTMENT		
SUPERVISOR NAME		SUPERVISOR TITLE		

Please provide a brief description of your position's general purpose.				

## **DUTIES AND RESPONSIBILITIES**

In order of importance, most important to least important, use the table below to list major duties and responsibilities. Label each responsibility as being M for Marginal (performed infrequently or often by others in various positions) or E for Essential (fundamental to completing work.) Include the approximate percentage of time spent per task (should total 100%.)

E or M	% of TIME	DUTIES AND RESPONSIBILITIES

E or M	% of TIME	DUTIES AND RESPONSIBILITIES

### **KNOWLEDGE**

MITOTILLEGE			
List requirements to qualify for this position including: Specific Degrees, Technical Training, Post-High School Course Work, Field of Study, etc.			
Are any licenses or certifications required to qualify for the position? If so, please list.			
Please list any other knowledge, skills, or abilities crucial to fulfilling the position's duties.			
<b>EXPERIENCE</b> Provide a description of the type	e and minimum amount of exp	perience required to fulfill the duties of the	position.
TYPE OF ENTRY EXPERIENCE REQUIRE	ED	AMOUNT OF ENTRY EXPERIENCE REQUIRED	
Describe the type and amount of	of on-the-job training you belie	eve to be necessary to the position upon t	niring.
TYPE OF ON-THE-JOB TRAINING REG	QUIRED	AMOUNT OF ON-THE-JOB TRAINING REQUIRED	
PROBLEM SOLVING			
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Provide one or two examples of	an issue, problem, project, or	complex task you've handled in the past	year. 

# IMPACT ON COMPANY / ORGANIZATIONAL MISSION What are the small and large positive implications of your position on the organizational whole? Detail any negative implications on the department and on the organization should a person holding your current position not meet standards, fail to use sound judgement, or lack core job knowledge. Describe departmental policies and procedures crucial to success in your current position. What type of guidance and reviews govern your position? List the type of guidance/review, the name and title of the individual responsible, and the frequency. **TYPE OF GUIDANCE / REVIEW** NAME AND TITLE FREQUENCY

# **CONTACTS: INTERNAL AND EXTERNAL**

Describe the nature of contact and with whom contact is crucial to the completion of tasks associated with your position. Provide the name and title of your point of contact, and the frequency with which you communicate.

### **INTERNAL CONTACTS**

NATURE OF COMMUNICATION	NAME AND TITLE	FREQUENCY

### **EXTERNAL CONTACTS**

NATURE OF COMMUNICATION	NAME AND TITLE	FREQUENCY

# **LEADERSHIP**

	ole for the supervision of staff mem unteers? If no, disregard remainde		YES	NO
How many individuals are egularly supervised?	# of Staff Members	# of Temporary	y Staff / Interns / V	'olunteers
	nature and extent of your superviso g, hiring responsibilities, the condu			ordinating
t the staff title and number of er	mployees directly supervised by yo	our current position.	NIIMRE	R OF EMPLOYEE
LE OF STAFF EMPLOTEE(3) SUPERVIS			NOMBE	K OF EMPLOTEE
RGANIZATIONAL REP	ORTING			
·	rate the reporting structure associ	ated with your current	position.	
ORGANIZATIONAL REPORTING OB TITLE OF PERSON TO WHOM				
OUR SUPERVISOR REPORTS				
OUR SUPERVISOR'S JOB TITLE				
OUR JOB TITLE				
OB TITLES REPORTING DIRECTLY O YOU if applicable				
OB TITLES REPORTING INDIRECTLY O YOU if applicable				

# **COMMENTS AND SIGNATURES**

EMPLOYEE COMMENTS					
EMPLOYEE SIGNATURE		DATE			
IMMEDIATE SUPERVISOR COM	MENTS				
IMAMEDIATE CUREDVICOR					
IMMEDIATE SUPERVISOR SIGNATURE		DATE			
SECOND LEVEL SUPERVISOR /	MANAGEMENT COMMENTS				
MANAGEMENT SIGNATURE		DATE			

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