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**JOB ANALYSIS QUESTIONNAIRE**

NSCAD University – NSGEU Local 82

**N.B. Please feel free to add pages if necessary.**

JOB TITLE: \_\_\_\_\_ DATE PREPARED: \_\_\_\_\_

AREA: \_\_\_\_\_ PREPARED BY: \_\_\_\_\_

Name/Title of Supervisor: \_\_\_\_\_

Signature of Employee:

I have completed this Job Fact Sheet to the best of my ability and I confirm that it is an accurate account of the responsibilities of the position.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**Approval Signatures:**

I have read this completed questionnaire and have have/not added my additional comments.  
(Please check yes or no).

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

Yes

No

\_\_\_\_\_  
Signature of Responsible Manager

\_\_\_\_\_  
Date

Yes

No

**NSCAD University** – NSGEU Local 82

JOB TITLE: \_\_\_\_\_ DATE PREPARED: \_\_\_\_\_

AREA: \_\_\_\_\_

**1. DUTIES**

The main purpose of this job is:

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(i) List major duties and the proportion of time each involves: (Total should not exceed 100%)

Activity A \_\_\_\_\_ %

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Activity B \_\_\_\_\_ %

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Activity C \_\_\_\_\_ %

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**Duties, Cont'd**

(ii) List other duties (occasional duties) and the proportion of time each involves:

- a. \_\_\_\_\_ %
- b. \_\_\_\_\_ %
- c. \_\_\_\_\_ %

(iii) What constitutes successful performance of these duties?

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**2. EDUCATION**

How much training is needed for normal performance of these duties?

Check One Box:

- High School, Vocational School, Commercial or Technical.
- High School Graduation plus one-year diploma in related field.
- University Graduation at undergraduate level.
- Undergraduate level University plus specialised technical training

**3. EXPERIENCE**

How much previous experience in a similar job is required to do this job?

Check One Box:

- Zero to six months of related experience.
- One year of related experience.
- One to three years of related experience.
- Three to five years of related experience.
- A minimum of five years related experience

**4. PROBLEM SOLVING / COMPLEXITY/ JUDGEMENT**

Describe the difficulty of job responsibilities, type of work, and the ingenuity, creativity, analysis, identification of problems, and/or interpretation required.

Check one box:

- Detailed instructions and routines are provided for every aspect of the job.
- I can select courses of action from a number of possible solutions.
- I have to plan for some of the work I do.
- I have to analyze, solve problems, and think of ways to do my own work.
- I have to analyze and interpret problems, develop methods, and procedures for other employees.
- I have to analyze and interpret problems, develop methods and policies for new initiatives in my area.



**MENTAL EFFORT, CONT'D**

Please add examples from list of duties on pp. 2 & 3.			Daily	Weekly	Monthly or each Semester	Once Yearly
<b>Listening Concentration</b>	Intense	Moderate				
<b>Mental Concentration</b>	Intense	Moderate				
<b>Work Interruption</b>	Intense	Moderate				
<b>Computer Dependency</b>	Intense	Moderate				

**7. MANUAL DEXTERITY**

Please describe speed and/or accurate hand/eye (or hand/foot) co-ordination required in the operation of tools, equipment, or machines. How frequently are you expected to use the equipment and how long are the work periods when you are using that equipment only?

Equipment	Requirement (speed, accuracy coordination)	Duration (Minutes/hours per day)

**8. ACCOUNTABILITY**

Please describe how your job duties require answerability for actions and the consequences thereof. Describe the impact or effect that the actions required by the position have on the achievement of NSCAD's goals and its reputation in the local community and beyond.

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How are errors corrected?

Check boxes that apply – add other information if necessary:

Cost implications, implications due to error (time loss or loss of reputation for College), and responsibilities of inspection or verification of work of others, including losses of cash, damage to College property, the handling confidential information, the extent that you are responsible for safety to yourself, or the safety of others.

- Errors or incomplete work must be redone by me the same day or soon, but no one else will be affected.
- Errors or incomplete work must be corrected and redone later; other Department/Division employees will have to adjust their own work based on my errors.
- Errors or incomplete work will cause some extra work within the Department/Division and other Departments/Divisions in the College.
- Errors will cause financial loss to the College.
- The disclosure of confidential information would seriously impact the reputation of the College.
- The disclosure of confidential information may lead to the College being sued.
- Errors will cause embarrassment within the College staff.
- Errors will cause embarrassment for the College, as they will have a negative effect on students.
- Errors will have a detrimental effect on the public perception of the College.
- My own safety will be jeopardized by errors.
- I am the Fire Warden for the area in which I work.
- The safety of co-workers will be jeopardized by errors.
- The safety of students and the public will be jeopardized by errors.
- Failure to follow safety procedures will lead to a lawsuit and/or termination.

Other:

Please add other information if needed.

**9. INSIDE/OUTSIDE RELATIONSHIPS**

Describe the frequency of relationships, both within and outside the College and the typical position of the people most frequently contacted. Please note the means of contact: mail, telephone, in person, e-mail, (or all types).

**Please make note of any contacts where you are expected to make a public or group presentation.**

Inside the College:

Title	Purpose of Contact	Frequency	Method
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Outside the College:

Title	Purpose of Contact	Frequency	Method
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Contact with Students (former, enrolled, future)

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**10. SUPERVISION OF OTHERS**

Please describe extent to which you are directly required to supervise the work and activity of other employees. Supervision includes scheduling and assigning work, assisting in evaluating work and training employees. Please include interviewing, recommending candidates and the type (specify full-time, temporary, paid student assistant, etc.) of person supervised.

Please check all boxes which apply:

- I select, assign work and supervise student assistants.
  - I supervise regular full or part time employees in my bargaining unit.
  - I assign and check work of others doing similar work to mine.
  - I provide technical or functional guidance of other staff.
  - I supervise a work group; assign work to be done, methods to be used and take responsibility for all the work of the group.
  - I manage the work, practices and procedures of a department or area.
  - I am responsible for assessing the performance of NSGEU staff.
  - Other: please provide examples.
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I supervise and am fully accountable for:

<u>Number</u>	<u>Type of Employee</u>	<u>Hours per week</u>	<u>Appointment length</u> (one day, vacation replacement, 1 -2 months, each semester, or full year)
_____	Student Assistants	_____	_____
_____	Part Time Employees	_____	_____
_____	Full Time Employees	_____	_____

**11. DIRECTION RECEIVED**

Please describe how much independent action is required; and the amount of direction received from either personal supervision or standard practices and precedents.

<u>Types of Checks:</u>	<u>FREQUENCY</u>				<u>Examples: (from duties listed on pp2 and 3)</u>
	Daily	Weekly	Monthly	Rarely	
Most work is checked					
Work checked periodically					
Only final version/output is checked					
Written Progress reports are prepared for Supervisor					
Discussed with Supervisor					
Other (Please specify)					



**12. POSITION CONDITIONS**

Please describe exposure to conditions of noise, dust, fumes, noxious odors, heat, cold, inclement weather, vibration, poor ventilation. Describe exposure to hazardous working conditions that carry some risk of injury or illness; such risk arises from exposure to such things as toxic chemicals, toxic fumes, or unhygienic conditions. Also, include other factors such as exposure to interruptions, or exposure to [angry or upset people](#).

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Describe your work space. Is it private, in an open office or in a public access area? Please provide any other information about your work space which you believe affects your working conditions.

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13. To these pages, please add any other information that you feel is important in evaluating your position.

***Thank you for completing this questionnaire. After you and your supervisor have reviewed and signed it, please return it to the Human Resources Office.***

