***To be completed by HR Leader and attached to the Workday request***

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| --- | --- | --- | --- |
| HR Partner Contact:  |  | Original Requestor: |  |
| Date of Request:  | Click or tap to enter a date. | Requested Effective Date (if needed):*(If not specified, the effective date will be the beginning of a pay period following committee review)* | Click or tap to enter a date. |

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| **SECTION 1: General Information** |
| What prompted the need for this request? |  |
| What existing job profile does this job most align to? | Job Code: |  | Job Profile Name: |  |
| What makes this job different? |  |

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| **SECTION 2: Job Profile Title****List suggested name for job profile.** |
| Job Profile Title: |  |

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| **SECTION 3: Job Summary****Provide a high-level summary in 1-3 sentences of the overall purpose of the job.** |
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| **Section 4: Primary Responsibilities**List 4-10 duties/responsibilities in order of importance to the job. Duties that take less than 10% of the incumbent’s time should not be listed as an essential function. |
| PRIMARY RESPONSIBILITIES |

 **SECTION**

 **5: Res**

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| **SECTION 5: Minimum Qualifications****Licenses, certifications, and registrations must be a regulatory requirement. DO NOT list preferences.** |
|  | **Minimum Required** | **Specialty (Education Only)** | **Issuing Authority** |
| Education: |  |  |  |
| Licensure:  |  |  |
| Certification(s) / Registration(s): |  |  |

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| **SECTION 6: Experience**Indicate the minimum number years of experience required for the job and list any specific language, if needed. |
| # Years of Experience: | [ ]  0 [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 [ ]  7 [ ]  10 | Specific language (if needed): |
| # Years of Leadership Experience: |  [ ]  0 [ ]  1 [ ]  2 [ ]  3 [ ]  4 [ ]  5 | Specific language (if needed): |

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| **SECTION 7: Reporting Relationships** |
| What job profile will this job report to? |  |
| How many direct reports will this job have?  | [ ]  0 [ ]  1-5 [ ]  6-7 [ ]  8+ |
| What are the Job Title(s) of Direct Reports? |  |
| What are the Job Title(s) of Peers? |  |

***To be Completed by Compensation:***

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| **RECOMMENDATION SUMMARY** |
| Notes: |
| Job Title: |  |
| Recommended Grade: |  |
| FLSA Status: | [ ]  Exempt [ ]  Non-Exempt  |
| Management Level: |  |
| Job Level: |  |
| Job Family Group: |  |
| Job Family: |  |
| Job Category: |  |
| AAP Code: |  |
| EEO1 Job Category: |  |
| NLRB Code: |  |
| Safety Sensitive: | [ ]  SSR [ ]  NSSR  |
| Band: |  |
| Workers’ Comp Code:*(Select* ***MAIN WC Code Only****)* | [ ]  8833 [ ]  8835 [ ]  8810 [ ]  8871 [ ]  8832 [ ]  4511 [ ]  8829 [ ]  7705 [ ]  Other:  |
| **Compensation Consultant Name** | **Date** |
|  | Click or tap to enter a date. |