UNIVERSITY OF CALIFORNIA, IRVINE
JOB DESCRIPTION

SECTION 1:
GENERAL INFO:

Employee Name: TBD  
Current Payroll Title: 
Department: 
Working Title: 
Supervisor’s Name: 
Supervisor’s Title: 
Employee Phone: 
Supervisor’s Phone: 

SECTION 2:
REASON FOR JOB DESCRIPTION:

Classification Review – If you want to reclassify a position
Update of Job Description – This is an update only; no change in classification is anticipated.
X Newly created department position

SECTION 3:
ESSENTIAL FUNCTIONS:
I UNDERSTAND I AM RESPONSIBLE FOR ADHERING TO THE UNIVERSITY DEPARTMENTAL INJURY AND ILLNESS PREVENTION PROGRAM (SB 198 GUIDELINES) IN PERFORMING THE ESSENTIAL FUNCTIONS ASSIGNED ON THIS POSITION DESCRIPTION. I UNDERSTAND I AM RESPONSIBLE FOR INCORPORATING UNIVERSITY SAFETY POLICIES AND PROCEDURES INTO MY JOB.

<table>
<thead>
<tr>
<th>ESSENTIAL FUNCTION NUMBER</th>
<th>ESSENTIAL FUNCTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>% OF TIME</td>
<td></td>
</tr>
</tbody>
</table>

Note: Please indicate additional essential functions on an extra sheet of paper, if necessary.

SECTION 4:
NAME OF EMPLOYEES SUPERVISED PAYROLL TITLES

Note: Please indicate names of employees supervised on an extra sheet of paper, if necessary.

SECTION 5:
INDICATE THE TYPE OF SUPERVISION THE INCUMBENT WILL RECEIVE AFTER THE TRAINING/ORIENTATION PERIOD. SUPERVISION TYPES INCLUDE:

Close Supervision The incumbent is assigned duties according to specific procedures. Work is check frequently, and in addition there may be formal training.

Supervision The incumbent performs a variety of routine duties within established policies and procedures or by referral to the supervisor’s guidelines.

General Supervision The incumbent develops procedures for performance of a variety of duties; or performs complex duties within established policy guidelines.

Direction The incumbent establishes procedures.

General Direction The incumbent receives guidance in terms of broad goals and overall objectives and is responsible for establishing the methods to attain them. Generally the incumbent is in charge of an area of work, and typically formulates policy for this area but does not necessarily have final authority for approving policy.

SECTION 6:
SUMMARY OF DUTIES AND RESPONSIBILITIES:
SECTION 7:
SKILL SET
List below skills, knowledge, and abilities for the position, indicating the selection importance for each by designating it as “required”, “desired” or “will train” at the end of each skill, knowledge or ability. In addition, for each ability attribute or knowledge, indicate the corresponding Essential Function Number from that section of the job description.

<table>
<thead>
<tr>
<th>SKILL SET</th>
<th>SELECTION IMPORTANCE</th>
<th>CORRESPONDING ESSENTIAL FUNCTION NUMBER</th>
</tr>
</thead>
</table>

SECTION 8:
PHYSICAL AND MENTAL REQUIREMENTS:
To comply with the provisions of the Americans with Disabilities Act, specify the physical, mental, and environmental conditions of the essential functions of the job by using these codes to complete the section below: “C” for constantly; “F” for frequently, “O” for occasionally; “N” for not at all.

**PHYSICAL**
One the job the employee must:

- Bent
- Squat
- Crawl
- Climb
- Kneel
- Reach above shoulder level

**MENTAL**
On the job the employee must be able to:

- Read/comprehend
- Write
- Perform calculations
- Communicate verbally
- Reason and analyze
- Other (briefly describe below)

Must carry/lift loads of:

- Up to 25 lbs
- 25-50 lbs
- Over 50 lbs

SECTION 9:
ENVIRONMENTAL WORKING CONDITIONS
Specify the environmental conditions that may be encountered while performing the functions of the job by using these codes to complete the section below: “C” for constantly; “F” for frequently, “O” for occasionally; “N” for not at all.

On the job, the employee may encounter:

- Chemical/Biological Agent
- Confined Spaces
- Construction Activities
- Elevated work location
- Contact with water/liquids
- Radioactive materials
- Drive motorized equipment
- Temperature variations
- Gas Systems
- Other (briefly describe below)

SECTION 10:
SPECIAL CONDITIONS OF EMPLOYMENT (e.g., irregular work schedule, required license or certification):
SECTION 11:
SIGNATURES:

____________________________________  ______________________________________  ______________________________________
Employee Signature                   Supervisor Signature                   Dept. Head Signature

____________________________________  ______________________________________  ______________________________________
Employee Name                        Supervisor Name                       Dept. Head Name

____________________________________  ______________________________________  ______________________________________
Date                                  Date                                  Date