

USW / University of St. Michael's College
Joint
JOB EVALUATION QUESTIONNAIRE



UNIVERSITY OF
ST. MICHAEL'S COLLEGE
IN THE UNIVERSITY OF TORONTO

The Job Evaluation Questionnaire is designed to capture information about your position, which is necessary to evaluate your job according to the job evaluation system agreed to by the University and the USW 1998.

Please review and respond to each question answering as appropriate for the position you hold.

PREPARING TO COMPLETE THE QUESTIONNAIRE

1. Please read through the entire questionnaire prior to starting to complete the form.
2. Please review your job description before beginning the questionnaire.
3. This is not a performance appraisal. The Joint Job Evaluation Committee is measuring what you do in your job, not how well you do it.
4. The questionnaire asks you to detail your tasks and responsibilities. In particular, you will be asked to provide examples of decisions you make, interactions with others and activities that require concentration.

A review of your schedule, calendar, appointment book, or Outlook Calendar could suggest useful examples and remind you of the range of activities you engage in.

Many departments in the University have unique yearly cycles. Therefore, it is helpful to review your own yearly calendar. Note peak times and duties that may be characteristic of particular periods.

5. Be as clear and as concise as possible. It is fine to use point form. Examples/explanations do not need to be overly long.

Thank you for taking the time to complete this questionnaire.

If you have any questions please feel free to contact St. Mike's Human Resources or United Steelworkers 1998 Job Evaluation Committee representative:

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A. Name & Address Information

Last Name	First Name	
Department		Employee Number
Job Title		
Work Telephone Number	E-mail Address (if applicable)	

Name of Supervisor	Title of Supervisor
Name and title of anyone else from whom you take functional direction:	

1. Do you feel that the job description for your position accurately reflects your duties and responsibilities?

Yes ☐
No ☐

If not, please explain:

Manager's Response:

Agree ☐
Disagree ☐

If Disagree, Manager's Comments Required:

B. Previous Education

Consider the level of education and/or training currently required in the job even if you personally don't have this level.

1. Check the box that best indicates what you think is the appropriate education level required for the job. Focus on the requirements – and not your personal level of education.

EDUCATION	APPROPRIATE EDUCATION LEVEL ✓
Some high school	
Completion of High School	
1 year community college	
2 year community college	
3 year community college	
Bachelor's degree	
Bachelor's Degree plus post graduate specialization / professional designation/certification	
Masters	
Ph.D. Or Doctorate	
Other	

Provide additional details on areas of specialization, if required, and/or details of trades:

2. Why is this level of education required?

Manager's Response:

Agree	<input type="checkbox"/>
Disagree	<input type="checkbox"/>

If Disagree, Manager's Comments Required:

C. Previous Experience

How much prior experience is required to perform this job? This is not necessarily the number of years of experience that you brought to the position, but the amount of experience required.

1. Check the box that best indicates the number of years of experience required to assume the responsibilities of the job.

LENGTH OF TIME	EXPERIENCE REQUIRED TO FULLY PERFORM THE FUNCTIONS OF THE ROLE ✓
No previous experience	
Less than 1 year	
Minimum 1 year experience	
Minimum 2 year experience	
Minimum 3 year experience	
Minimum 4 year experience	
Minimum 5 year experience	
Minimum 6 to 7 year experience	
8 or more years of experience	

2. What kind of experience is required and why?

Manager's Response:

Agree ☐

Disagree ☐

If Disagree, Manager's Comments Required:

D. Interaction Skills

Consider the requirement to communicate and interact with other people (for example: in person, by telephone and by email). This includes working co-operatively, coordinating with others, interacting with people of diverse backgrounds and interests both within and beyond the university community, and the ability to work as a member of a team. Consider the frequency and necessity of interaction, as well as the level of difficulty and the skill required.

1. What is the nature of your usual contact with others in your job? The first chart lists the type of contacts, and the second lists the nature of the interaction. Using the charts, please specify the contact and nature of contact. Check all that apply.

TYPE OF CONTACT	CHECK ALL THAT APPLY ✓
Donors/potential donors	
Faculty	
Staff/co-workers	
Students	
Parents/extended family of students	
External Clients	
Sponsors/granting agencies	
Government Representatives	
Alumni	
Vendors/service persons	
Media	
Contractors	
Researchers	
Senior Managers at USMC	
Officials at the University of Toronto	
Others:	

Examples of “Other” types of contacts:

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2. Select all statements that describe your interactions with others.

	CHECK ALL THAT APPLY ✓	PROVIDE EXAMPLES	INDICATE FREQUENCY WHERE REQUIRED
Works alone with little contact with others			
Receives work instruction – communication is mainly oral			
Exchanging/seeking information			
Provides information and may be first point of contact with public and/or orients new staff/students			
Uses problem solving and persuasion skills to encourage cooperation and agreement			
Fosters positive relationships in the coordination of activities			
Probes for information to establish needs, respond to requests, and/or make referrals			
Works collaboratively and/or as a member of a team			
Responds to complaints (Provide Frequency)			
Resolves complaints of a non-personal nature			
Resolves complaints of a personal nature			
Counsels or advises on academic, career, financial and/or health issues			
Assesses competencies and suitability			
Presents information in training sessions, workshops, conferences, etc. (Provide Frequency)			
Interacts with the media (Provide Frequency)			
Uses informal and/or formal negotiation skills (Provide Frequency)			

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	CHECK ALL THAT APPLY ✓	PROVIDE EXAMPLES	INDICATE FREQUENCY WHERE REQUIRED
Fosters ongoing relationships with people external to the University whose cooperation is important to the University (e.g., vendors, donors government officials, etc.)			
Responds to crisis situations that are highly emotional or volatile. (e.g., crisis counseling, critical incident intervention.)			
Other:			

Manager's Response:

Agree ☐

Disagree ☐

If Disagree, Manager's Comments Required:

E. Movement Skills

Consider the degree of dexterity, muscular coordination and precision required to perform the job and also whether the element of speed is a primary or secondary consideration.

1. Check all applicable statements and indicate if speed and/or precision are required.

	CHECK IF APPLICABLE ✓	SPEED REQUIRED ✓	PRECISION REQUIRED ✓
Stuffing envelopes			
Shelving books			
Cleaning			
Packing or stacking boxes			
Food preparation			
Dishwashing			
Using a cash register			
Sewing			
AV setup			
Washing floors			
Using a lawn mower, vacuum or floor polisher			
Pulling levers to operate a press			
Driving			
Use of computer to manipulate or retrieve data			
Use of keypad/wand/keyboard to enter data into fixed fields or to access information (e.g. Email, notes, web-browsing)			
Full keyboard use such as for processing a variety of documents or data input where corrections are permitted after the fact			
Precise keyboard/keypad use where possibility for correction is minimal (e.g. production-oriented document production or data entry)			
Assembling and disassembling computer hardware			
Equipment repair/maintenance			
Welding/soldering			
Accurate mixing of chemicals			
Manual calibration of equipment			
Precise placement of graphic, photographic or cartographic objects at the pixel level			
assembling of circuit boards			
Using precision tools			
Other:			

Manager's Response:

Agree	<input type="checkbox"/>
Disagree	<input type="checkbox"/>

If Disagree, Manager's Comments Required:

F. Decision Making

Consider the kind of decision-making required by the position and the independence and judgment required to make decisions. Consider also the need to facilitate the effective and equitable application of university policy through decision-making.

1. Describe decisions you would make independently:

2. Give examples of decisions that you would refer or have referred to your supervisor:

3. Do you make decisions in response to events?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If yes, please provide examples and how frequently these occur.

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4. a) How do you make decisions? Please check all statements that apply and provide examples where required.

	CHECK ALL THAT APPLY ✓	PROVIDE EXAMPLES WHERE REQUIRED
Following rules and procedural instructions		
Selecting from established solutions		
Introducing variations to established practices and procedures		
Applying and interpreting rules, guidelines and procedures		
Applying and interpreting policy (Provide Example)		
Applying and interpreting broad policies and guidelines (Provide Example)		
Decision making in the absence of formal policy (Provide Example)		

4. b) What independent planning decisions do you make? Check all that apply and provide examples where required.

	CHECK ALL THAT APPLY ✓	PROVIDE EXAMPLES WHERE REQUIRED
Prioritizing your own workflow		
Organizing conferences/events (Provide Example)		
Planning workflow for a group (Provide Example)		
Planning components of a program or project (Provide Example)		
Planning and/or developing program or project independently (Provide Example)		
Other: (Provide Example)		

Manager's Response:

Agree	<input type="checkbox"/>
Disagree	<input type="checkbox"/>

If Disagree, Manager's Comments Required:

G. Responsibility for Information

Consider the responsibility for collecting and passing on information, written or oral, to others, including higher levels of authority, other departments, faculties, colleges, divisions, students and members of the public. Consider the complexity, sensitivity and significance of information.

1. WHAT KINDS OF INFORMATION, WRITTEN OR ORAL, ARE YOU RESPONSIBLE FOR?	CHECK ALL THAT APPLY ✓	WHAT DO YOU DO WITH THIS INFORMATION? (EX ANALYZE, ARCHIVE, CALCULATE, DRAFT, EDIT, FILE, FORMAT, MONITOR, PROVIDE OR DISTRIBUTE, ORIGINAL DESCRIPTIVE CATALOGUING)	EXAMPLES
Alumni/donor records/reports			
Case files			
Correspondence			
Course and/or training materials			
Departmental records			
Design schematics			
Educational materials			
Enrolment data			
Marketing/promotional materials			
Financial data			
Forecasts, planning data			
Grant applications/information			
Health records			
Images			
Intellectual property documents			
Inventory of collection/stores			
Legal agreements/contracts			
User accounts			
Personnel records			

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1. WHAT KINDS OF INFORMATION, WRITTEN OR ORAL, ARE YOU RESPONSIBLE FOR?	CHECK ALL THAT APPLY ✓	WHAT DO YOU DO WITH THIS INFORMATION? (EX ANALYZE, ARCHIVE, CALCULATE, DRAFT, EDIT, FILE, FORMAT, MONITOR, PROVIDE OR DISTRIBUTE, ORIGINAL DESCRIPTIVE CATALOGUING)	EXAMPLES
Policies and procedures			
Presentations			
Publications			
Research results			
Schedules and/or calendars			
Statistics			
Student records			
Newsletters			
Other:			

2. Do you deal with sensitive/confidential information? (Example: health records, personnel records, student records)

Yes ☐
No ☐

If yes, describe the type of information and what you do with it.

3. Do you deal with technical information?

Yes ☐
No ☐

If yes, describe the type of information and what you do with it.

4. Do you deal with complex information?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If yes, describe the type of complex information and what you do with it.

5. Do you contribute to information that is published? (Example newsletters, research papers)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If yes, describe the information and the extent of your contribution.

Manager's Response:

Agree	<input type="checkbox"/>
Disagree	<input type="checkbox"/>

If Disagree, Manager's Comments Required:

H. Responsibility for Outcomes, Materials and Equipment

Consider the responsibility for materials, equipment, allocation of resources (e.g. equipment, books, buildings, supplies, inventory) and/or outcomes/consequence of error in your position. Consider the cost and/or impact if an error is made, including the impact on the effective operation of teaching and research facilities; the efficiency and effectiveness of administrative, technical or mechanical functions/processes supporting the goals and objectives of the University; the conduct of projects and research programs .

1. Describe the outcome/consequence of error in your position:

2. Where would the impact of error in your position be felt? Select the most appropriate.

Work unit	
Within your department	
Major project/research program	
University of St. Michael's College	
University of Toronto	

3. Explain the short and/or long term impact of an error:

4. Describe your responsibilities for resources in your Department with respect to the following. Check ☐ all that apply and provide details.

ARE YOU RESPONSIBLE FOR THE FOLLOWING?	CHECK ALL THAT APPLY ✓	LIST THE MATERIALS/EQUIPMENT/RESOURCES YOU ARE RESPONSIBLE FOR
Use		
Allocation		
Acquisition/Replacement		
Maintenance/Repairs		
Other:		

Manager's Response:

Agree ☐
Disagree ☐

If Disagree, Manager's Comments Required:

I. Responsibility for the Safety of Others

Consider the degree of care required by the job to prevent injury or harm to co-workers, students, colleagues, clients, including the physical and the emotional safety of others.

1. List the activities in your job related to the health and safety of others.

2. Are you responsible for the emotional well-being of others?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If yes, give an example.

3. Place check next to the box that best indicates your responsibility for the safety of others:

Little or no care required	<input type="checkbox"/>
Some care required	<input type="checkbox"/>
Significant care required	<input type="checkbox"/>
Extreme care required	<input type="checkbox"/>

Manager's Response:

Agree	<input type="checkbox"/>
Disagree	<input type="checkbox"/>

If Disagree, Manager's Comments Required:

J. Financial Responsibility

Consider the requirement to deal with money either handling it, or in terms of responsibility for budgets or decision making about spending.

1. Explain financial responsibilities in your job. Check all that apply.

Check box if you have no financial responsibilities.

☐

FINANCIAL RESPONSIBILITY	CHECK ALL THAT APPLY ✓	DESCRIBE YOUR FINANCIAL RESPONSIBILITIES FOR ITEMS YOU HAVE CHECKED (EX RECORDING, INPUTTING, MONITORING, FORECASTING, APPROVING)
Cash/credit card transactions		
Petty cash		
Cheques		
Invoices and/or receipts		
Purchase requisitions and/or purchase orders		
Minor purchase(s) (under \$5,000)		
Request for quotation (RFQ), tenders and/or rfps		
Major purchase(s), (over \$5,000)		
Standard financial reports (e.g. Great plains)		
Complex financial reports (e.g. Financial statements)		
Payroll		
Financial aid		
Donations		
Grants		
Accounts payable		
Accounts receivable		
Budgets		
Accounts (e.g., supplies or equipment budgets, grants, student bursaries, etc.)		
Other (please specify):		

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2. If you have indicated above that you have financial responsibility for accounts or funds (e.g., supplies or equipment budgets, grants, student bursaries, etc.), what is the approximate total dollar value?

\$ _____

3. If you indicated above that you have budget responsibilities. Please check 1 box that best describes your highest level of responsibility:

CHECK ONE ONLY	BUDGET RESPONSIBILITY	TOTAL APPROX \$ VALUE OF BUDGET(S)
<input type="checkbox"/>	This position monitors budget and makes expenditures within planned levels.	
<input type="checkbox"/>	This position maintains a project, program or conference level budget. Monitors program budget for accuracy and completeness; some responsibility for planning expenditures and budgets.	
<input type="checkbox"/>	This position maintains the department operating budget. Monitors department budget for accuracy and completeness; some responsibility for planning expenditures and budgets.	
<input type="checkbox"/>	This position maintains complex budgets. Responsible for transferring funds and expenditures within context of an overall plan; makes recommendations about budget allocations, forecasting and planning; budgets with multiple sources of revenue and/or recoveries.	
<input type="checkbox"/>	This position has significant financial responsibilities including financial management of a department, including budget-setting; independent decisions about spending limited by rules and reporting required by the university and external funding providers.	
<input type="checkbox"/>	This position has significant financial responsibility for a college/department; independent decisions about spending; and/or financial management of the budgets of complex inter- institutional partnerships; oversight of financial management, analysis and forecasting beyond the departmental level.	

Manager's Response:

Agree ☐
Disagree ☐

If Disagree, Manager's Comments Required:

K. Responsibility to Manage or Direct Others

Consider the extent of management responsibilities required by the job. Consider the guidance, direction and/or reporting or review of performance required by the position. Consider the responsibility for managing or directing staff. Consider the responsibility for managing, or directing staff of diverse backgrounds and experience.

You do not need to consider yourself a supervisor or manager in order to complete this question.

1. What responsibility do you have to manage or direct others?

CHECK ALL THAT APPLY AND SELECT AND INDICATE ADDITIONAL DETAILS AS REQUIRED.

Provide little or no direction to others					
Plan, assign, check or schedule work of others		Casuals		How Many?	Explain
		Appointed			
		Work Study			
		Volunteers			
		Other:			
Provide orientation for new students/employees		Casuals		How Many?	Explain
		Appointed			
		Work Study			
		Volunteers			
		Other:			
Provide technical instruction to other staff		Explain			
Serve as a resource to others		Explain			
Co-ordinate staff activities		Casuals		How Many?	Explain
		Appointed			
		Work Study			
		Volunteers			
		Other:			

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CHECK ALL THAT APPLY AND SELECT AND INDICATE ADDITIONAL DETAILS AS REQUIRED.

Monitor or supervise others		Casuals		How Many?	Example
		Appointed			
		Work Study			
		Volunteers			
		Other:			
Provide feedback on work performance		Casuals		How Many?	Example
		Appointed			
		Work Study			
		Volunteers			
		Other:			
Provide input into performance review		Casuals		How Many?	Example
		Appointed			
		Work Study			
		Volunteers			
		Other:			
Other:		Explain			

Manager's Response:

Agree ☐

Disagree ☐

If Disagree, Manager's Comments Required:

L. Mental Effort

This measures the cumulative duration and intensity of mental and sensory demands required to perform the job. Some examples of mental effort that require concentration and can cause fatigue are: thinking, active and passive listening, analyzing, interpreting, translating, writing, and observing. Sensory demands are activities that use one or more of the five senses in the course of performing the job.

CHECK ALL THAT APPLY ✓	CHECK THOSE STATEMENTS THAT DESCRIBE THE ACTIVITIES IN YOUR JOB THAT REQUIRE MENTAL EFFORT AND INCLUDE EXAMPLES. FOR ANY STATEMENTS YOU HAVE INDICATED ALSO CHECK THE APPROPRIATE LEVEL OF FREQUENCY AND DURATION.	EXAMPLE	FREQUENCY OF EFFORT	DURATION OF EFFORT
	Analyzing and assessing situations, including crises			
	Analyzing and/or forecasting in relation to decisions			
	Analyzing or authenticating documents or programs			
	Budget forecasting			
	Calculating using high level math including calculus, specialized methods and formulae or complex statistical methods			
	Calculating using simple mathematical and/or common statistical methods.			
	Calibrating equipment, apparatuses etc.			
	Completing forms			
	Computer programming/software development			
	Conducting independent, advanced research			
	Creating art work or graphic design and layout			
	Critically listen to and/or read complex information			
	Demonstrating procedures to individuals/a group			
	Editing and/or proofreading			
	Entering data			
	Fabricating equipment, apparatus, sets, costumes, etc.			

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CHECK ALL THAT APPLY ✓	CHECK THOSE STATEMENTS THAT DESCRIBE THE ACTIVITIES IN YOUR JOB THAT REQUIRE MENTAL EFFORT AND INCLUDE EXAMPLES. FOR ANY STATEMENTS YOU HAVE INDICATED ALSO CHECK THE APPROPRIATE LEVEL OF FREQUENCY AND DURATION.	EXAMPLE	FREQUENCY OF EFFORT	DURATION OF EFFORT
	Formulating, planning or managing a program and/or project			
	Giving presentations and/or facilitating workshops etc.			
	Preparing policy			
	Preparing reports			
	Providing Information			
	Reading straightforward Information (e.g. Procedures, instruction, protocols, policy)			
	Taking minutes			
	Transcribing			
	Translating (foreign language, American sign language)			
	Writing original material			
	Food preparation			
	Fine electrical/mechanical work			
	Driving			
	Other work involving five senses (smell, touch, taste, listening, visual checking)			

2. Are there any other aspects of mental effort in your job that are not described above? If so, briefly describe.

Manager's Response:

Agree ☐
Disagree ☐

If Disagree, Manager's Comments Required:

M. Physical Effort

This factor measures the level of physical effort that is inherent in the performance of the required duties of a position. In addition to measuring the amount of energy deployed to move objects of a certain weight, it is also intended to measure the amount of energy used to maintain different working postures, visual and/or auditory intense activities and/or repetitive movements. This factor has been developed to recognize physical effort both for the female predominant jobs as well as the male predominant jobs.

1. This factor measures the level of physical effort required in the job. Please check the frequency and duration of the activities you perform.

EXAMPLE OF PHYSICAL EFFORT	FREQUENCY OF EFFORT REQUIRED		DURATION OF EFFORT REQUIRED		
	2-3 TIMES A WEEK MOST WEEKS	EVERY DAY MOST WEEKS	1-2 HOURS A DAY	2 -4 HOURS A DAY	MORE THAN 4 HOURS A DAY
Required to work in a seated position					
Required to work in a standing position					
Required to walk					
Bending/crouching/kneeling or similar positions					
Working on ladders, stools or scaffolds					
Performing repetitive movements (keyboarding, sorting, pushing, cutting, pressing, sawing, mopping, chopping, vacuuming, cleaning, etc.) Provide examples in question 2.					
Scrutinizing, distinguishing (to make fine or subtle differentiation) or isolating by eye or ear. Reconciling, tracking expenses, monitoring, editing, tuning instruments, diagnosing etc. Provide examples in question 2.					
Lifting, carrying, pushing, pulling or holding weights 3 to 10 kg, or expending equivalent effort.					
Lifting, carrying, pushing, pulling or holding weights between 10 kg and up to 25 kg, or expending equivalent effort.					
Lifting, carrying, pushing, pulling or holding weights more 25 kg, or expending equivalent effort.					
Other examples:					

2. Describe the repetitive motion tasks in your job or provide details of other aspects of physical activities:

Manager's Response:

Agree ☐
Disagree ☐

If Disagree, Manager's Comments Required:

N. Temperature, Noise and Other Environmental Conditions

Consider the conditions under which the work is performed and the average exposure to disagreeable elements such as weather, changes or extremes of temperature, fumes, dirt or waste products, blood, loud noise and poor lighting or glare.

1. Check the items appropriate to your work space and indicate frequency of exposure:

EXPOSURE TO:	CHECK ALL THAT APPLY ✓	OCCASIONAL (LESS THAN 10% OF THE TIME ON AN ANNUAL BASIS)	REGULAR (MORE THAN 10% AND LESS THAN 25% OF THE TIME ON AN ANNUAL BASIS)	FREQUENT (MORE THAN 25% AND LESS THAN 60% OF THE TIME ON AN ANNUAL BASIS)	SUSTAINED (MORE THAN 60% OF THE TIME ON AN ANNUAL BASIS)
Uncomfortable changing or extreme temperatures					
Odours					
Fumes					
Noise					
Dirt					
Weather					
Blood					
Waste products					
Other:					

Manager's Response:

Agree ☐

Disagree ☐

If Disagree, Manager's Comments Required:

O. Hazards

Consider the extent to which the job requires exposure to short or long term health or accident risks.

1. Identify all of the applicable risks or exposure to injury or illness, including overuse injuries, from this job. Check all that apply.

If you select "repetitive motion", please also check the appropriate frequency of exposure.

	Repetitive motion (if selected, check also frequency of exposure)	1 - 2 hrs/day		2 - 4 hrs/day		more than 4 hrs/day	
	Vibration						
	Electric shock						
	Chemicals, solvents, glues						
	Climbing ladders						
	Burns						
	Cuts and abrasions						
	Animal or insect bites						
	Radiation						
	Moving equipment parts						
	Asbestos						
	Bio-hazardous agents, e.g. Blood, vomit, virus, bacteria						
	Risk of physical attacks by others						
	Other:						

2. What precautions are you required to take because of these risks and why?

Manager's Response:

Agree ☐

Disagree ☐

If Disagree, Manager's Comments Required:

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P. Stress

Consider the following elements listed below.

1. Check the frequency for all elements that apply to you.

STRESSFUL ELEMENTS	OCCASIONAL (LESS THAN 10% OF THE TIME ON AN ANNUAL BASIS)	REGULAR (MORE THAN 10 % & LESS THAN 25 % ON AN ANNUAL BASIS)	FREQUENT (MORE THAN 25% & LESS THAN 60% ON AN ANNUAL BASIS)	CONTINUOUS (MORE THAN 60% OF THE TIME ON AN ANNUAL BASIS)
Emotionally charged situations requiring listening, assistance, support				
Difficult situations that involve conflictive interactions				
Situations which involve contact with people with un-resolvable problems where the incumbent cannot change the outcome (e.g., socio-economic problems, terminal or serious illness; ongoing waiting list or backlog)				
Isolated work spaces				
Unchanging and repetitive work				
Competing and/or simultaneous deadlines				
Unpredictable or urgent assignments				
Multiple reporting relationships				
Constant exposure to public/clients (working in a fishbowl)				
Exposure to upset and anxious clients				
High performance-based expectations (e.g., marketing targets, sales)				
Make or break performance targets				
Exposure to verbal abuse				
Exposure to hostile or violent interactions				
Exposure to threats against incumbent's personal safety				
Time sensitive crisis that must be resolved				
Frequent human monitoring or machine pacing work				
Ongoing high pace of work requiring accelerated work pace				
Other:				

2. Are there peak periods in this job?

Yes ☐
No ☐

If yes, provide details:

Manager's Response:

Agree ☐
Disagree ☐

If Disagree, Manager's Comments Required:

Q. Work Interruptions & Distractions

Consider the number and kind of interruptions to the work process and distractions in the work area including noise from people in your work area. Place a check mark ✓ next to appropriate answer.

1a. Check the term that best describes your work area(s):

Private office	
Shared office	
Cubicle	
Open area	
Reception or counter	
Library	
Kitchen	
Cafeteria	
Workshop	
Residences	
Outdoors	
Mechanical/electrical rooms	
Other:	

1b. Check the term that best describes your work area:

Quiet environment	
Moderately quiet environment	
Noisy environment	

2. Check how frequently is your work interrupted (select the most appropriate)?

Never	
Occasionally (less than 10% of the time on annual basis)	
Regularly (more than 10% and less than 25% of the time on an annual basis)	
Frequently (more than 25% and less than 60% of the time on an annual basis)	
Constantly (more than 60% of the time on an annual basis)	

3a. Describe the daily interruptions and distractions in your work (Check the most appropriate):

Interruptions and distractions are predictable	
Interruptions and distractions are unpredictable	

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b. Describe the impact of the daily interruptions and distractions on your work (Check the most appropriate):

Interruptions and distractions have a limited effect on work processes and ability to meet deadlines	
Interruptions and distractions have a moderate effect on work processes and deadlines	
Interruptions and distractions have a serious effect on work processes and deadlines	
Interruptions and distractions have a very serious effect on work processes and deadlines	

c. Please provide an example of the typical interruptions/distractions you experience in your job:

Manager's Response:

Agree	<input type="checkbox"/>
Disagree	<input type="checkbox"/>

If Disagree, Manager's Comments Required:

R. Social Disruption Required By Work Schedule

Consider the amount of social disruption in your job as a result of irregularities in the work schedule. Select those statements that apply and state frequency where indicated. When indicating frequency, enter the number of times and then indicate with a ✓ whether this is weekly, monthly, or yearly.

CHECK ✓	1. WHAT IS YOUR WORK SCHEDULE? (PLEASE SELECT ONE)			
	Regular daytime, Monday to Friday			
	Alternating days, evenings and weekends			
	Regular weekend schedule or regular evening work			
	Regular night shifts			
	Regular alternating shift including nights			
	Rotating shifts with block scheduling, no nights			
	Rotating shifts with block scheduling, including nights			
	Unpredictable schedule and shift changes			
	Other:			
CHECK ✓	2. OVERTIME IF YOU WORK OVERTIME, PLEASE CHECK ALL THAT APPLY:	FREQUENCY (ENTER VALUE PER TIME PERIOD)		
	Weekdays	Weekly:	Monthly:	Yearly:
	Weekends	Weekly:	Monthly:	Yearly:
	Other:	Weekly:	Monthly:	Yearly:
CHECK ✓	3. ON-CALL IF YOU WORK ON-CALL, PLEASE CHECK ALL THAT APPLY:	FREQUENCY (ENTER VALUE PER TIME PERIOD)		
	On-call - available by phone or computer	Weekly:	Monthly:	Yearly:
	On-call - available on site	Weekly:	Monthly:	Yearly:
	On-call - available within a confined radius	Weekly:	Monthly:	Yearly:
	On-call - available onsite, or within a confined radius	Weekly:	Monthly:	Yearly:
	On-call - available within a confined radius	Weekly:	Monthly:	Yearly:
	Other:	Weekly:	Monthly:	Yearly:

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CHECK ✓	4. TRAVEL IF YOU ARE REQUIRED TO TRAVEL FOR WORK, PLEASE CHECK ALL THAT APPLY:	FREQUENCY (ENTER VALUE PER TIME PERIOD)		
	Travel	Weekly:	Monthly:	Yearly:
	Overnight travel	Weekly:	Monthly:	Yearly:
	Other:	Weekly:	Monthly:	Yearly:

Manager's Response:

Agree ☐
 Disagree ☐

If Disagree, Manager's Comments Required:

S. Employee Additional Information:

Please use this section to provide any additional information that you feel will be helpful in describing your position.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

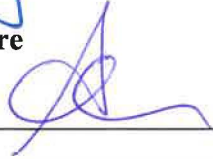
USW/USMC Joint Job Evaluation Questionnaire

UNIVERSITY OF ST. MICHAEL'S COLLEGE this _____ day of _____, 20____

FOR THE UNION



Signature



Signature

December 7, 2022.

Date

Dec / 7 / 22

Date

FOR THE UNIVERSITY



Signature

Signature

December 12, 2022

Date

Date

