

# Part-time Employee – Job Description / Performance Plan

<b>Employee Name (Last, First, Middle)</b>		
<b>Position Title</b>		<b>Position Number</b>
<b>Department</b>	<b>Supervisor Name</b>	<b>Title</b>

**A. CORE RESPONSIBILITIES AND EXPECTATIONS.**  
List in order of importance the major responsibilities of the job and performance measurement criteria.

CORE RESPONSIBILITIES	MEASURES FOR PERFORMANCE

**B: MINIMUM QUALIFICATIONS:**

Describe the essential knowledge, skills, abilities and or competencies required to successfully perform the work.

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What kind of work experience, training, and/or level of education is necessary?

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**C: PHYSICAL DEMANDS AND ACTIVITIES:**  
(Indicate by each E = Essential, M = marginal, or NA )

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|--|--|
| <input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> N/A    Lifting<br><input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> N/A    Light Lifting (< 20 lbs.)<br><input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> N/A    Moderate Lifting (20 – 50 lbs.)<br><input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> N/A    Heavy Lifting (> 50 lbs.)<br><input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> N/A    Pushing / Pulling<br><input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> N/A    Reaching<br><input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> N/A    Walking<br><input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> N/A    Repetitive Motion<br><input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> N/A    Bending<br><input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> N/A    Climbing<br><input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> N/A    Other: _____ | <b>MENTAL / SENSORY DEMANDS:</b><br><input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> N/A    Memory<br><input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> N/A    Reasoning<br><input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> N/A    Reading<br><input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> N/A    Analyzing<br><input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> N/A    Hearing<br><input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> N/A    Logic<br><input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> N/A    Verbal Communication<br><input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> N/A    Written Communication<br><input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> N/A    Other: _____ |
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- EMOTIONAL DEMANDS:**
- |  |   |
|--|---|
| <input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> N/A    Fast Pace<br><input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> N/A    Average Pace<br><input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> N/A    Multiple Priorities | <input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> N/A    Intense Customer Interaction<br><input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> N/A    Multiple Stimuli<br><input type="checkbox"/> E <input type="checkbox"/> M <input type="checkbox"/> N/A    Frequent Change |
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**D. REVIEW OF WORK DESCRIPTION / PERFORMANCE PLAN**

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_