



	<b>NON-ESSENTIAL OR ADDITIONAL FUNCTIONS:</b> List duties and responsibilities not listed above that <b>may be</b> performed, as assigned.
1%	Assigned to supervise the Administrative Support Unit and Building Custodian staff in the absence of the Administrative Officer.
5%	Maintain the department's fixed asset inventory and conduct quarterly on-site inspection of equipment for accountability and serviceability. Prepare for review to the Territorial Librarian/Director and/or supervisor to certify requests for the purchase of supplies, equipment and ensures existing purchasing policies.
2%	Assists Guam Public Library System in governmental committee or task force; Management Team for legislative hearing.
1%	Alternate Point of Contact with Department of Public Health and Social Services for the Automatic External Defibrillator machine.
1%	Alternate Drug Free Workplace Coordinator. Assist in presenting in-house training for all personnel in the Department.
1%	Participates in continuing education opportunities, such as seminars, conferences and workshops.
1%	Alternate Training Liaison Officer. Responsible for notifying supervisors of schedule training.
1%	Pursuant to Public Law 29-35 as follows: An Act to add a new §80127 to Chapter 80, Title 5, Guam Code Annotated, relative to reserving the Hagatna Library Parking Lot for the exclusive use by library employees and patrons. §1 ... Enforcement of the Provisions herein this Section shall be the responsibility of the Guam Police Department; however, the Chief of Police may authorize any employee(s) , designated by the Director to issue citations for violation of this Section.

**III. CONTACTS:** Departments, agencies and individuals you deal with during the course of your daily activities.

A. Within your department / agency. Mark (X or √) one box:			
<input type="checkbox"/>	None	<input checked="" type="checkbox"/>	Up to 15% of total working hours
<input type="checkbox"/>	15 – 50% of total working hours	<input type="checkbox"/>	Over 50%
B. Outside your department / agency. Mark (X or √)			
<input type="checkbox"/>	None	<input type="checkbox"/>	Up to 15% of total working hours
<input checked="" type="checkbox"/>	15 – 50% of total working hours	<input type="checkbox"/>	Over 50%

**IV. SUPERVISION RECEIVED:** How closely is the employee's/jobholder's work reviewed by the direct supervisor? Mark (X or √) one correct response.

<input type="checkbox"/>	Detailed and specific instructions / procedures received or followed for each assignment.
<input checked="" type="checkbox"/>	General Supervision – Routine duties are performed with minimal supervision. Standard practices or procedures allow employee to function alone at routine work. Supervisor makes occasional check of work while in progress. Work is reviewed upon completion.
<input type="checkbox"/>	Direction – Receives guidance about general objectives in most of the tasks and projects assigned; determines methods, work sequence, scheduling and how to achieve objectives of assignments; operates within policy guidelines. (Generally applicable to skilled professionals, supervisors and managers.)
<input type="checkbox"/>	General Direction – Receives very general guidance about overall objectives; work is usually quite independent of others; operates within division or department policy guidelines, using independent judgment in achieving assigned objectives. (Generally applicable to managers / administrators in large and complex organizations and to department / agency heads and their first assistants.)

**V. SUPERVISION EXERCISED:** The employee/jobholder supervises other employees. List the number of employees supervised, their position titles, and a brief description of their responsibilities.

Number Supervised	Position Title	Description of Responsibilities
N/A		

**VI. EQUIPMENT:** List the equipment (pickup truck, welder, crane, etc.), office machines (word processor, calculator, copying machine, etc.), or any other machines, tools or devices that are used on a regular and continuing basis. Show what percentage of the regular workday is spent using each.

TOOLS / EQUIPMENT	PERCENT (%) OF TIME FOR EACH
Computer System	65%
AS-400	20%
Calculator	5%
Xerox Copier/Scanner	5%
Fax Machine	2%
Electric Typewriter	3%

**VII. JOB REQUIREMENTS**

Mark (√ or X) here if jobholder is unable to complete this section. The direct supervisor will then complete this section for the jobholder.

**A. MINIMUM QUALIFICATION REQUIREMENTS:** List the minimum experience and training a qualified applicant must have before employment.

<p><b>1. WORK EXPERIENCE:</b> List the general, specialized and/or supervisory / management work experience needed and how much (in months and/or years). If none, mark (√ or X) "No work experience required."</p>	
<p><input type="checkbox"/> No work experience is required.</p>	
<p>General: Three years of staff work involving personnel, budget and other management operations and graduation from high school.</p>	
<p>Specialized:</p>	
<p>Supervisor / Management:</p>	
<p>If no work experience is required, list the knowledge, abilities and skills a qualified applicant needs before employment to perform the essential job functions.</p>	
<p><b>2. FORMAL EDUCATION OR TRAINING:</b> Mark (√ or X) the <b>most</b> applicable education level required.</p>	
<p>a. <input type="checkbox"/> Below High School – Show Number of Years</p>	
<p>b. <input checked="" type="checkbox"/> High School Graduation / GED</p>	

c.  Vocational / Technical School

Show specific training that is required by this position.

---

---

---

---

d.  Some College

Show number of  Semester Hours \_\_\_\_\_ or  Quarter Hours \_\_\_\_\_.

Show specific courses required by the essential functions of this job.

---

---

---

---

e. College Degree (Show major area of study required.)

Associate's : \_\_\_\_\_

Bachelor's: \_\_\_\_\_

Master's: \_\_\_\_\_

Beyond Masters: \_\_\_\_\_

**3. CRITICAL SKILLS / EXPERTISE:** List specialized skills or specialization needed to perform essential functions.

**4. LICENSE, REGISTRATION OR CERTIFICATION:**

List possession of required license, professional registration/certification needed to perform essential functions.

**B. MENTAL / VISUAL, PHYSICAL, AND ENVIRONMENTAL JOB REQUIREMENTS:**

**1. Mark (✓ or X) the most appropriate physical requirement(s) for the job.**

- |                                     |                          |  |
|-------------------------------------|--------------------------|--|
| <input type="checkbox"/>            | Sitting                  | The job requires the employee to sit in a comfortable position most of the time. The employee can move about.          |
| <input type="checkbox"/>            | Sitting                  | Employee is required to sit for extended periods or time without being able to leave the work area.                    |
| <input checked="" type="checkbox"/> | Sitting/Standing/Walking | The employee is required to sit, stand, walk most of the time.   |
| <input type="checkbox"/>            | Climbing                 | Employee is required to climb ladders or scaffolding or to climb and work in overhead areas.                           |
| <input type="checkbox"/>            | Lifting                  | Employee is required to raise or lower objects from one level to another regularly.                                    |
| <input type="checkbox"/>            | Pulling and/or Pushing   | The job requires exerting force up to _____ pounds on a regular basis to move the object to or away from the employee. |

<input checked="" type="checkbox"/>	Carrying	The employee is required, on a regular basis, to carry objects in his or her arms or on the shoulder(s).
<input checked="" type="checkbox"/>	Reaching	The employee is regularly required to use the hands and arms to reach for objects.
<input checked="" type="checkbox"/>	Stooping and Crouching	The employee is regularly required to bend forward by bending at the waist or by bending legs and spine.
<input type="checkbox"/>	Crawling	Employee is required to work in a confined space and/or to crawl and move about on his or her hands and knees.
<input checked="" type="checkbox"/>	Speaking	The job requires expressing ideas by the spoken word.
<input type="checkbox"/>	Listening	The job requires the perception of speech or the nature of sounds in the air.
<input type="checkbox"/>	Other	Describe the requirement. _____ _____ _____

**2. Mark (✓ or X) the most appropriate mental / visual requirement for the job.**

<input checked="" type="checkbox"/>	General Intelligence (typical requirement for machine operators, office staff, etc.)
<input type="checkbox"/>	Motor Coordination Skills (typical for automotive mechanic, painter, etc.)
<input type="checkbox"/>	Coordination of Eyes, Hands, and Feet (typical for tractor trailer driver, fire fighter, line electrician, etc.)
<input type="checkbox"/>	Verbal Intelligence (typical for counselors, customer service representatives, etc.)
<input type="checkbox"/>	Numerical Intelligence (typical for an accounting clerk, cargo checker, etc.)
<input type="checkbox"/>	Other: _____ _____ _____

**3. The job's most appropriate work environment and the weather exposure.**

Show what percent of a typical workday is spent.  
(Select one response only)

100 % Indoors in a comfortable temperature-controlled environment (for instance, in an office).

\_\_\_\_ % Indoors in a non-temperature-controlled environment (such as an open garage, storerooms and warehouses, etc.)

\_\_\_\_ % Outdoors exposed to changing weather conditions (for instance, rain, sun, wind, etc.)

\_\_\_\_ % Outdoors but in an enclosed vehicle protected from extreme weather conditions.

**4. Other physical working conditions**

Mark (X or ✓) if none of the following is applicable.

Show what percent of a typical workday this position is exposed to:

\_\_\_\_ % Air contamination (i.e., dust, fumes, smoke, toxic conditions, disagreeable odors).

\_\_\_\_ % Vibration (i.e., operating jackhammer, impact wrench).

\_\_\_\_ % Noise (Exposure at a level enough to cause bearing loss or fatigue).

\_\_\_\_\_% An improperly illuminated or awkward and confining work space.

\_\_\_\_\_% Working above ground level where the chance of falling exists (i.e., on ladders, rooftops, bucket trucks, scaffolding).

\_\_\_\_\_% Lifting or carrying items or objects. Describe item/object and weight:  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_% Heat. Describe source and degree of high temperature.  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_% Cold. Describe source and degree of cold temperature:  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_% Other hazards. Describe:  
 \_\_\_\_\_

**5. Describe the working conditions that are irregular or unusual for the job and show frequency of exposure.**

Mark (X or √) if not applicable.

CONDITION	FREQUENCY OF EXPOSURE

**C. Work Schedule/Hours** – Mark (√ or X) the most appropriate work schedule/hours for the job.

Regular – Standard Eight (8) hours daily, Monday – Friday (not to exceed 40 hours per week)

Irregular – Shift work – A 24-hour work operation.

Regular / Irregular – Overtime hours with overtime pay entitlement  
 State Purpose and Total Hours required per pay period:  
 \_\_\_\_\_  
 \_\_\_\_\_

Regular / Irregular – Overtime hours without overtime pay entitlement  
 State Purpose and Total Hours required per pay period:  
 \_\_\_\_\_  
 \_\_\_\_\_

The information given on this position is complete and correct.

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

\_\_\_\_\_  
 Date

**VIII. SUPERVISOR'S REVIEW**

**IMPORTANT: This Block To Be Filled Out Only By The Direct Supervisor**

a.	<p>(1) Has the employee correctly stated his or her official payroll position title?  <input type="checkbox"/> Yes            <input type="checkbox"/> No</p> <p>(2) If not, what is the correct title? _____</p>								
b.	<p>(1) Are the employee's statements about the duties of his/her position and the supplementary information complete and accurate?  <input type="checkbox"/> Yes            <input type="checkbox"/> No</p> <p>(2) If not, what additions, deletions or corrections should be made? (Refer to block and page)          _____          _____          _____</p>								
c.	<p>What positions under your supervision perform the same essential functions Give name and title:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%; text-align: center;">Name</th> <th style="width: 40%; text-align: center;">Title</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Name	Title	_____	_____	_____	_____	_____	_____
Name	Title								
_____	_____								
_____	_____								
_____	_____								
d.	<p>Does this position require (mark one)</p> <p><input type="checkbox"/> Immediate supervision on a regular basis,  <input checked="" type="checkbox"/> Immediate supervision only for new/complex tasks, or  <input type="checkbox"/> Little immediate supervision.</p>								
e.	<p>Does the employee participate in (mark those appropriate) the</p> <p><input type="checkbox"/> Formulation,   <input type="checkbox"/> Interpretation,   and/or   <input type="checkbox"/> Application of Agency/Department policy. Give examples:          _____          _____</p>								
f.	<p>The employee (mark one)</p> <p><input checked="" type="checkbox"/> Performs routine, well-defined tasks,  <input type="checkbox"/> Performs moderately complex tasks requiring moderate knowledge of Agency's/Department's work; or  <input type="checkbox"/> Performs complex tasks requiring extensive knowledge of Agency's/Department's work.</p>								

I certify to the accuracy of the description of duties, responsibilities and organizational relationships provided herein; further, that the position is necessary to carry out government functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purposes on the use of public funds. The false or misleading statement may constitute violations of such statutes or their implementing regulations.

\_\_\_\_\_  
Signature of Immediate Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Department/Agency Head

\_\_\_\_\_  
Date

**IX. Human Resources Office Review:**

Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_  
Position Title Name

Classification Correct:  Yes  No

If not, corrective action taken: (Attach copy of review made)

\_\_\_\_\_  
\_\_\_\_\_

Approved by: \_\_\_\_\_  
Human Resources Manager Date