

# Researcher Classification Worksheet

THIS FORM MUST ACCOMPANY ANY REQUEST FOR A NEW POSTION OR RECLASSIFICATION . A CURRENT JOB DESCRIPTION IS ALSO REQUIRED . THE DESCRIPTION SHOULD INCLUDE A STATEMENT OF THE OVERALL FUNCTION OF THE POSITION, A LIST OF CURRENT DUTIES AND RESPONSIBILITIES PERFORMED , AND THE MINIMUM QUALIFICATIONS REQUIRED FOR THE POSITION.

Incumbent's Name \_\_\_\_\_

Current Classification \_\_\_\_\_

Department \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Date \_\_\_\_\_

Choose: \_\_\_\_\_

Recommended Classification \_\_\_\_\_

Instructions: Choose the description in each category that best fits the actual duties and responsibilities (to be) performed by the individual in this position.

1. Nature of supervision to be provided to the incumbent and level of independence expected:

- Contributes to the needs of higher-level positions.
- Performs independent work under direction.
- Works independently and supervises a small research project or a major segment of a larger program.

2. Level of creativity expected:

- Assists in data collection and performs laboratory or field activities.
- Compiles, collates, and synthesizes data for reports or segments of projects. Operates and maintains research equipment.
- Assists in research proposal preparation and prepares reports and/or professional publications.

3. Nature of supervisory responsibilities performed by the incumbent:

- Normally does not have supervisory responsibilities.
- May supervise Researcher I's and/or student workers and instruct others in the use of research equipment & techniques.
- May independently supervise Researcher I's, II's, and student workers in the acquisition, compilation, & synthesis of data.

4. Requirements necessary to perform the functions of the position:

- B.A./B.S. degree in appropriate field or equivalent experience.
- M.A./M.S. degree or B.A./B.S. degree and equivalent experience.
- M.A./M.S. degree and a minimum of three years experience.

REVIEWED AND APPROVED BY:

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Immediate Supervisor

\_\_\_\_\_  
Date

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Date

ACTION BY ASSOCIATE PROVOST (PERSONNEL & STUDENT POLICY)

Approved  Disapproved

\_\_\_\_\_  
Associate Provost

\_\_\_\_\_  
Date