

FY 2019

# A&S Human Resources Manual For Administrative Hires



Columbia University

EVP HR Team

FY 2019

## A&S HUMAN RESOURCES MANUAL

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## Jobs at Columbia (JAC)

### Before Submission (New Positions Only)

*If this is a replacement and no changes are necessary, skip to the section on Post in JAC*

- Department must obtain funding approval via email (including chartstring or combocode)  
*Email Hiring Committee: Tanique Dunkley, Ellen Binder, and Scott Norum (see Funding Request Email Template) and copy EVP HR: Davima Broadbelt, Patrice Turner & Roje Thomas*

- Department must draft Job Description  
*Send to EVP HR for review; edits will be requested if necessary*

**After funding approval is granted and the Job Description has been finalized, position evaluation can begin.**

### Position Evaluation

- EVP HR will submit Job Description to Central HR (CUHR) for evaluation  
*CUHR may request additional information to aid the evaluation (ie. Position Questionnaires for union roles); EVP HR will contact Department for any additional information; **Note: Position Questionnaires must be typed, signed, and dated by employee and supervisor and employee (leave blank for new positions.)***

- CUHR evaluates and grades the position; CUHR will assign a Position Number for new positions or update existing positions  
*EVP HR will contact the department with the results. If no changes are necessary, the position is ready to be posted. If significant changes are required, the position must be re-evaluated*

- EVP HR will submit a Completed Position Management Request (PMR) form [for new positions or positions requiring changes]

**After the position has been evaluated and assigned a grade, it can be posted in JAC.**

### Post in JAC / Recruitment

- Department Enter posting (requisition) draft in JAC - Select Standard, Additon to Compliment or Waiver *(if applicable)*  
Notify EVP HR of draft posting via email  
*Note: A position can only be posted as a waiver if the position is only available for up to 1 year and a candidate has already been identified.*

- EVP HR Review & open posting (requisition).  
*EVP HR ensures the Job Description is formatted & worded correctly; Adds Position Number to Requisition; Will review positions & request edits from Department if necessary*

- EVP HR *(Waivers Only)* Open Waiver posting (requisition)  
*Note: Jobs posted as waivers are opened by EVP HR*

- Department Conduct interview(s)  
Identify finalist(s)  
Update all applicant statuses in JAC - *if more than 1 finalist, identify back-up finalists by selecting "short list"*  
Notify EVP HR that the posting (requisition) is ready to be closed

- EVP HR *(Waivers Only)* Email Department with a direct link to the posting

- Department *(Waivers Only)* Send candidate the link to the posting and instruct them to apply.  
*Note: Jobs posted as waivers close automatically after 48 hours.*

- EVP HR Close requisition  
Notify Department and request Hiring details: Anticipated Job Offer Date, Anticipated Hire Date, Supervisor Name, Supervisor Phone Number, Supervisor Email Address and Salary details: Annual Salary (for FT employees) Rate (for PT employees)

- Department Supply Hiring & Salary to EVP HR

- EVP HR Enter Hiring & Salary Information  
Submit to CUHR for Salary Review

- CUHR CUHR clears the finalist

**After EVP HR notifies the Department that the finalist has been cleared by CUHR, Hiring + On-Boarding can begin.**

### Hiring & On-Boarding

- EVP HR Notify Department providing sample email with Background Check release forms and Offer Letter template  
*EVP HR will send an email containing all of the necessary documents*

- Department Make Offer  
Send the background check link to the finalist in GIS and candidate will enter their own background check.  
File CU Criminal Disclosure form, and Personal Information.  
Notify EVP HR once it has been entered

- CUHR Notify EVP HR and Department once the background check has cleared

EVP HR

Notify Department providing sample email with New Hire Paperwork  
Monitor progress of background check.

*EVP HR will send an email with all of the necessary documents attached*

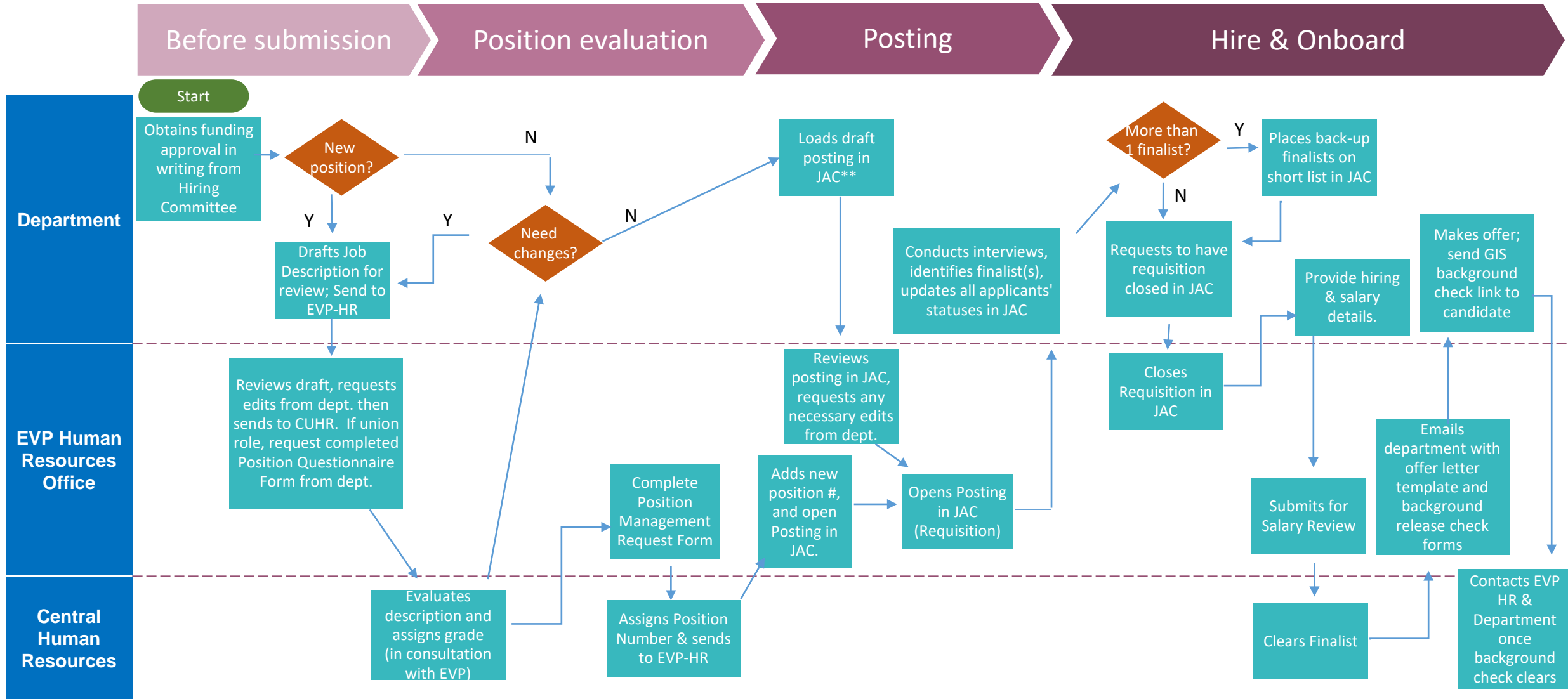
Department

Contact candidate with New Hire Paperwork

**After the Department has received all paperwork, the candidate can be hired via TBH in PAC.**

For guidance on processing a Template Based Hire (TBH), contact EVP HR

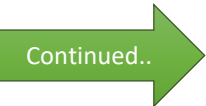
# ADMINISTRATIVE HIRING PROCESS – A&S



\*EVP HR will email the department the hiring documents i.e., tax docs, 195, etc. to begin the hiring process.

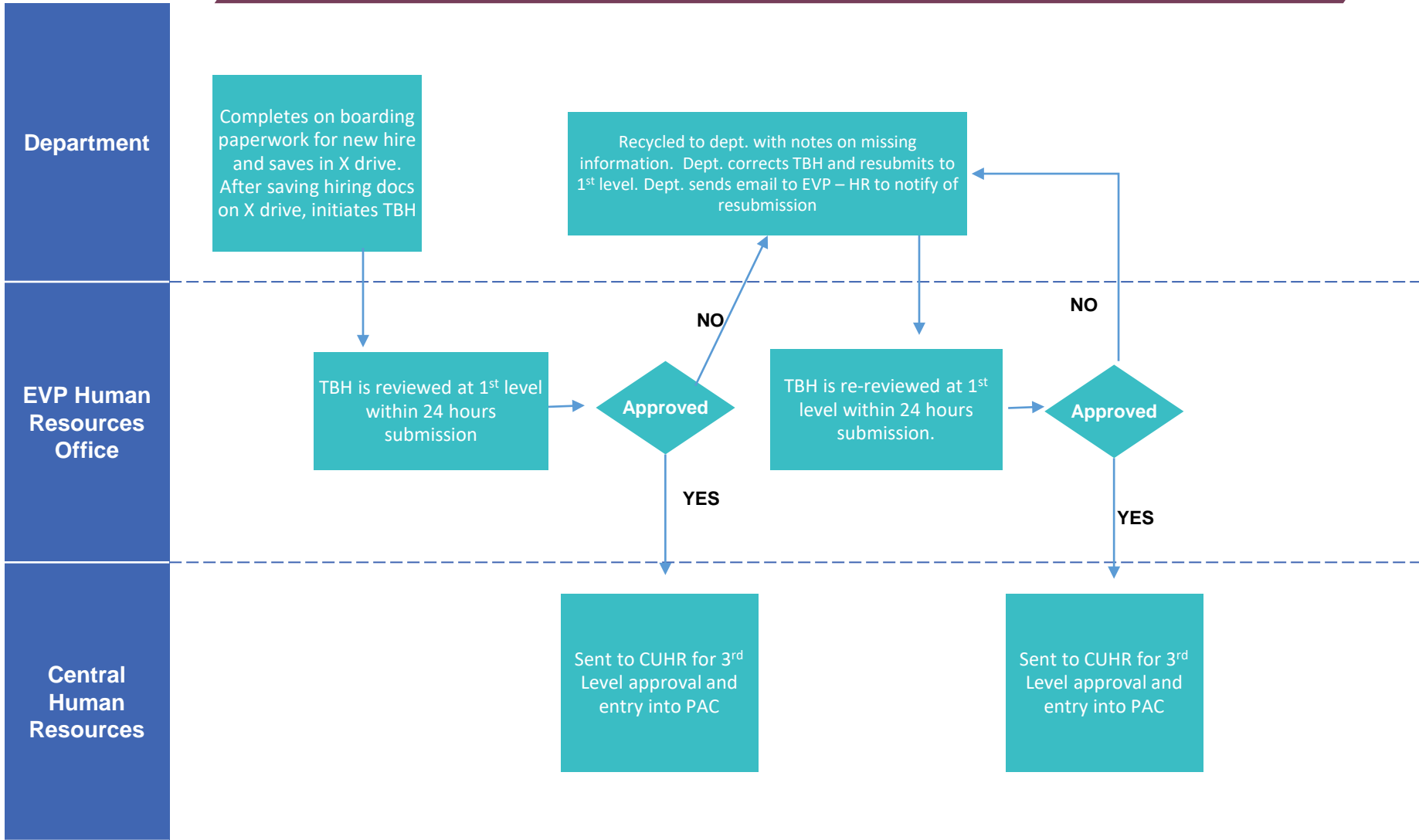
\*\* Posting for positions Grade 14 and above must submit an Intensive Recruitment Search Plan Review form to Central HR for approval

\*\*\* To open a waiver posting, please contact VEP HR office for more information



# ADMINISTRATIVE HIRING PROCESS – A&S continued

## On-Boarding Continued



# HR Service Agreements

\*After Paperwork

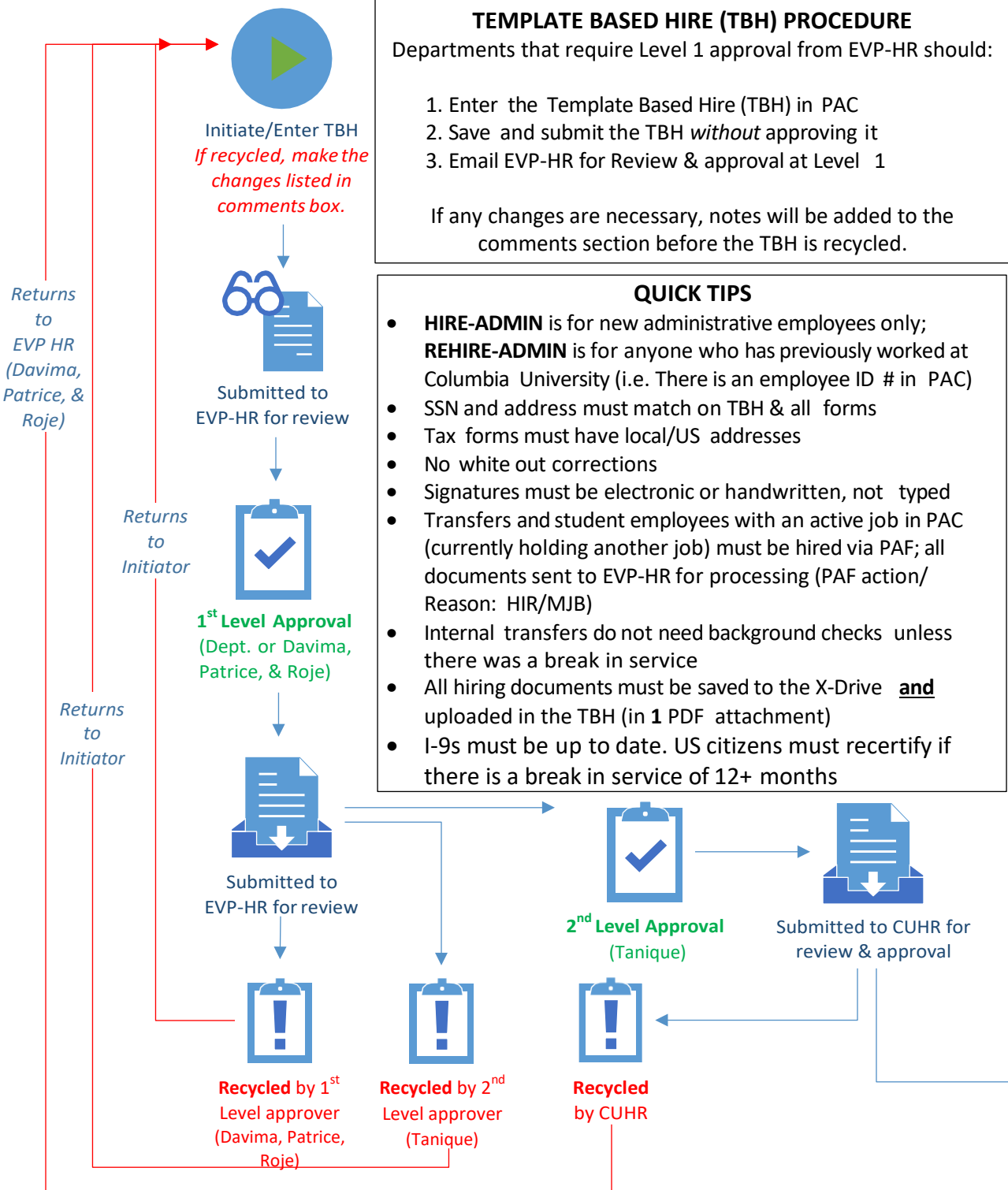
is received from EVP HR

Central HR	Position Evaluation	3-5 business days*
	Position Number Assignment (PMR)	2 business days*
	Clearance of Finalist in JAC	3 business days*
	Final Approval/Visible in PAC	2-5 business days*
GIS	Background Check Clearance - Domestic	5-7 business days*
	Background Check Clearance - International	14 business days*
EVP HR	Review of JDs	3-5 business days*
	Open Position in JAC	1 business day*
	Closing a posting in JAC	2 business days

*Note: The above is intended to inform departments of the length of processing time associated with each transaction (\*provided all required information was submitted and there is no additional information/follow-up necessary). This is subject to change given the volume of transactions being processed at any given time.*

## JAC Posting Requirements

Grades	Employee Type	Post For
5 - 9A	Non-Union Support Staff (NUSS)	5 business days
R1 - R9	Research & Technical Non-Union Support Staff (NUSS)	5 business days
5 - 9A	Local 2110 Union positions	5 business days
10-13	Officer Level Positions	5 business days
14 - above	Officer Level Positions (Local Search)	14 calendar days
	Officer Level Positions (National Search)	21 calendar days



**TBH DOCUMENTATION**  
 All TBHs should be accompanied by the following documents:

**SHORT-TERM CASUAL HIRES**

1. Casual Employment form
2. NYS DOL195 form
3. Voluntary Race & Ethnicity Self Identification form
4. W-4 (Federal Tax form)
5. IT-2104 (State Tax form)
6. I-9 Completion Receipt
7. Paid Family Leave Waiver

*\*Rehires only need forms 1, 2, & 7*

**ADMINISTRATIVE HIRES**

1. CU Criminal Disclosure form
2. JAC Applicant Pool Report
3. JAC Requisition Summary
4. JAC Employment Application (signed)
5. NYSDOL195 form
6. Voluntary Race & Ethnicity Self Identification form
7. W-4 (Federal Tax form)
8. IT-2104 or IT-2104.1 (State Tax form)
9. Resume
10. Background Check Clearance Email from CUHR
11. Signed offer letter

**All International hires** must provide the following:

1. Passport & Visa
2. Supplemental immigration information (for F1 visas: I-20 form, for J1 visas: DS2019, for H1 visas: 797)

# USING GIS

## Logging In

GIS Website: <https://apps.geninfo.com/Login.aspx?CompanyParm=GIS-US>

1. Login to GIS using UNI and GIS password. If you do not have access to GIS, please email the EVPHR team. If you have trouble logging in, or have not accessed the site in over 6 months, please contact GIS at (877) 590-4012 to reset your password.

GIS

Sign On

Welcome to Our  
Background Screening Platform

We run thousands of background checks through this system every day. Simply use your unique ID and password in the login area to get started!

User ID  
dbb2115

Password

Reset password?

GO ▶

powered by GIS | eQuest+

2. Scroll to the bottom of the Notification and Access Security Requirements page and click “Agree.”

(f) before ordering an investigative consumer report under the FCRA, you gave the subject the CFPB's written summary of rights under the FCRA and a statement that the subject has the right to obtain a complete and accurate disclosure of the scope and nature of the investigation performed;

(g) you obtained the subject's written authorization to procure the report before ordering (1) any report for employment purposes, (2) an investigative consumer report governed by New York Law, or (3) any report that includes medical information;

(h) you have (or will have timely) made any additional disclosures, offered any additional information, and obtained any additional authorizations required by law including: (1) a box that the subject may check to obtain a copy of the report and providing that copy when required, currently in California, Minnesota, and Oklahoma; (2) a copy of Article 23-A of the New York Corrections Law when required; and (3) disclosure of the nature and scope of the investigation leading to an investigative consumer report under the FCRA when required;

(i) before taking any "adverse action" under the FCRA based on a report used for employment purposes, you will provide the subject with the CFPB's summary of rights and a copy of the report;

(j) you will not take any adverse action based on a report used for employment purposes unless (1) you have given the subject a reasonable time in which to dispute or explain the information in the report, (2) the subject has not disputed any information in the report or we have resolved any dispute, (3) you have considered any explanation to the extent required by law, and (4) the information in the report is sufficiently related to our duties to satisfy law;

(k) upon taking adverse action based on any report, you will notify the subject in writing: (1) of the adverse action that you took; (2) of our name, mailing and website addresses, and toll-free telephone number; (3) that we did not make the decision to take the adverse action and are unable to provide the subject with the reason for it; (4) that we will provide a free copy of the report if the subject requests within 60 days; and (5) that the subject may dispute the accuracy or completeness of the report; and

(l) when law requires, you will inform the subject of the reason for any adverse action taken based on the report.

By clicking Agree, you hereby acknowledge your understanding of and agreement to the Access Security Requirements stated above.

Disagree Agree ▶

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### 3. Click “Next” on the Bulletin page.

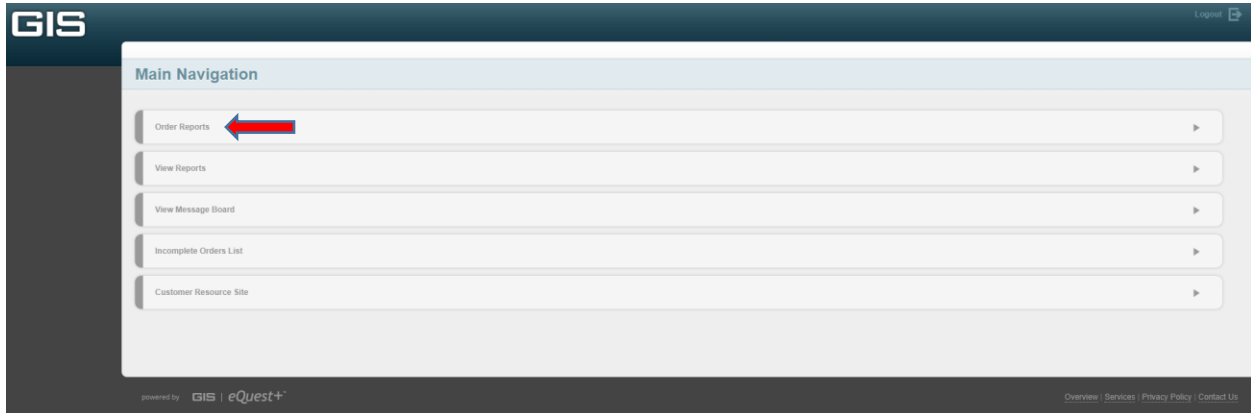
The screenshot shows the GIS Bulletin page. At the top left is the 'GIS' logo. At the top right is a 'Logout' link with a user icon. The main content area is titled 'Bulletin' and contains three items:

- Christmas Closures** (12/12/2018): In observance of Christmas, most businesses and all government offices are closed Tuesday, December 25. Many may also be closed and/or operating with limited staff Monday, December 24, as well as the entire weeks of December 17 and 24. Please take this into consideration with your reports, as our time service may be affected. We will observe the following Christmas schedule:
  - Monday, December 24 – Closed
  - Tuesday, December 25 – ClosedWe hope you have a safe and enjoyable Holiday with your family and friends.
- Anderson County, KY Increases Fee for Criminal Searches** (12/06/2018): Effective January 1, 2019, the fee for criminal searches in Anderson County, KY increases to \$25.00, plus the current agreed upon fee charged by GIS-HireRight. Please contact your Sales Representative or Client Relations Representative for any questions you have regarding this matter.
- Flathead County, MT Increases Fee for Criminal Searches** (12/06/2018): Effective January 1, 2019, the fee for criminal searches in Flathead County, MT increases to \$25.00, plus the current agreed upon fee charged by GIS-HireRight. Please contact your Sales Representative or Client Relations Representative for any questions you have regarding this matter.

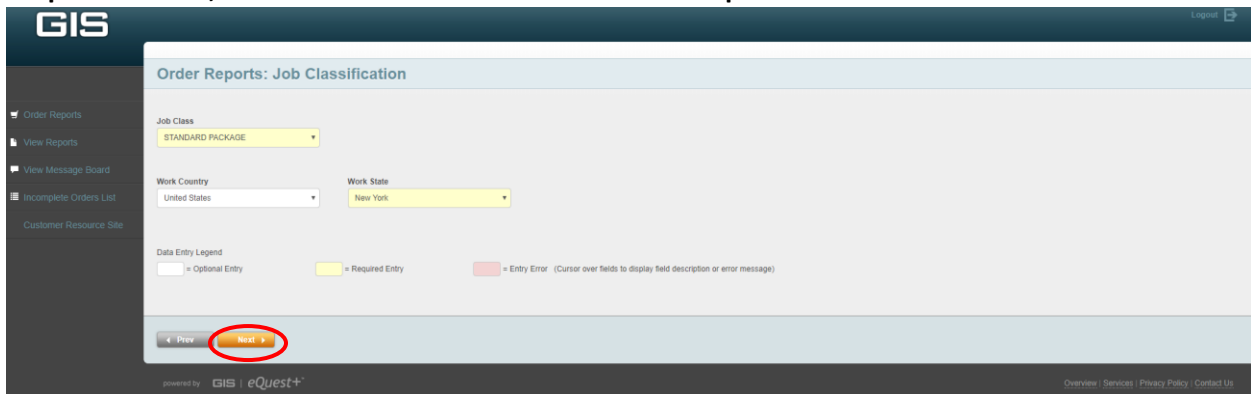
At the bottom left of the content area, there is a yellow 'Next' button with a right-pointing arrow, which is circled in red. At the bottom of the page, there is a footer with 'powered by GIS | eQuest+' on the left and 'Overview | Services | Privacy Policy | Contact Us' on the right.

# Order Reports

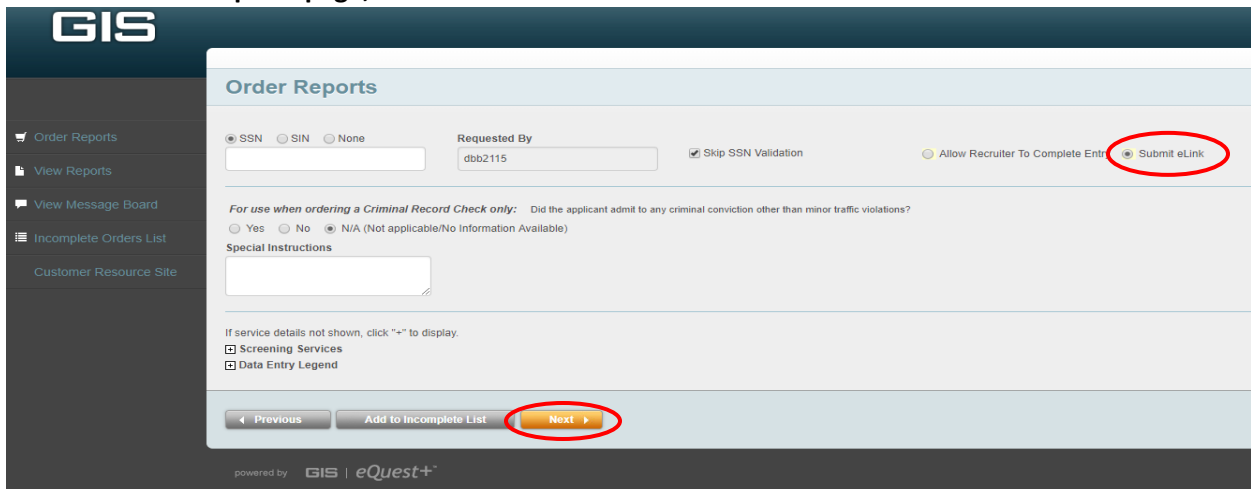
1. On the Main Navigation page, click “Order Reports.”



2. On the Order Reports: Job Classification page, select “Standard Package” from the Job Class dropdown menu, and “New York” from the Work State dropdown menu.



3. On the Order Reports page, select “Submit E-Link” and click “Next.”



4. On the Identification Information page, enter the finalist's first name, last name and email. Click "Next."

**GIS**

### Identification Information

SSN: 000000000

First Name: Davima Middle Name: Last Name: Broadbelt

Email Address: dbb2115@columbia.edu

Columbia: University Department: Arts and Sciences

Drug Test SSO: Columbia University

Also Known As (AKA: e.g., Alias, Maiden):

First Name: Middle Name: Last Name: Clear

Add Additional Name

Prev Add to Incomplete List **Next**

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5. Review the order details for accuracy and click "Process Order."

**GIS**

### Order Confirmation

\*\*\*Please remember to remove dashes in social security numbers and phone numbers. Otherwise, DRUG TESTING will not work!\*\*\*

Identification Information [Edit](#)

Subject Name: Davima Broadbelt

SSN: 000000000 Contact At Work: No

Email: dbb2115@columbia.edu Columbia: University Department: Arts and Sciences

Drug Test SSO: Columbia University

Admitted Criminal History: Not Applicable/No Information Available

Address Information [Edit](#)

Current Address From To

12/2018

Employment History [Edit](#)

Please EDIT. No Employment History information has been entered.

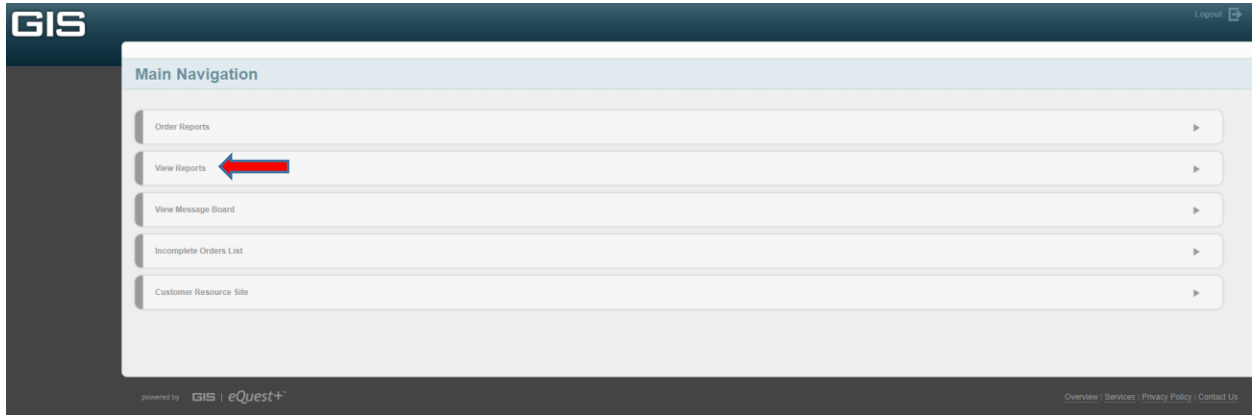
Education History [Edit](#)

Please EDIT. No Education History information has been entered.

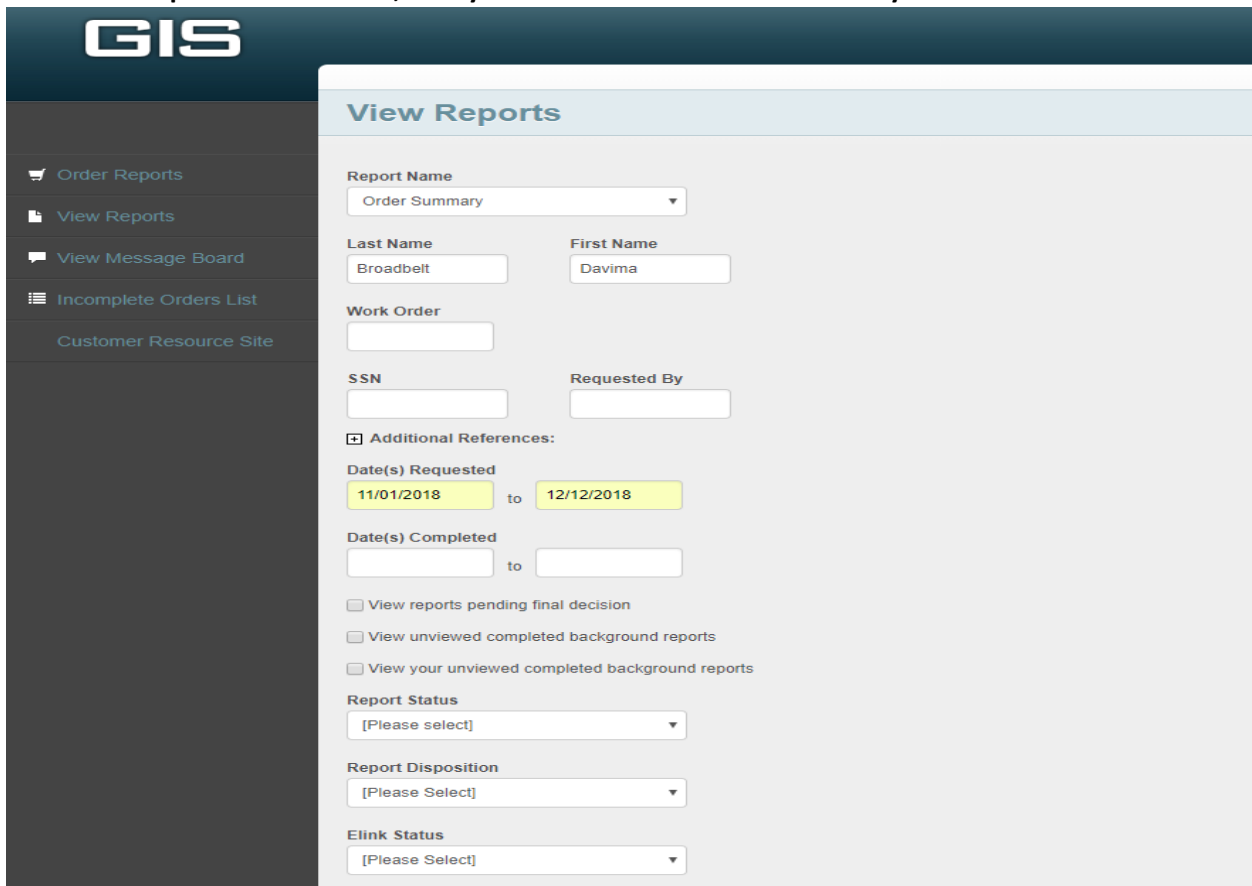
Screening Services Ordered [Edit](#)

## View Reports

1. On the Main Navigation page, click “View Reports.”



2. Enter the finalist’s last name and first name, and the Dates Requested. Click “Go.” Note: If you leave the Dates Requested field blank, the system will default to the last 30 days.



**3. Click on Candidate's Name to view report details. NOTE: If all the criminal searches are clear, you can request conditional clearance by emailing the EVP-HR team.**

## Template Based Hire/Rehire

Enter/Review the employee information.

\*Job Eff Date (Hire Date): 11/22/2017 



Personal / Job Data | Labor Accounting

### Employee Information

#### National ID (SSN) **\*Must match SSN on all submitted forms**

\*National ID (SSN) 012345678

#### Primary Name - English

\*Name Prefix Ms.   
 \*First Name Jane  
 Middle Name  
 \*Last Name Doe  
 Name Suffix 

#### Home/Permanent Address (Required) **\*Must be a US (local) address and must match on all submitted forms**

\*Address Type Home  \*Country USA   
 \*Address Line 1 123 Main Street  
 Address Line 2  
 Address Line 3  
 \*City Anytown State NY   
 Postal Code 12345

#### Mailing Address

Address Type Mailing  Country USA   
 Address Line 1  
 Address Line 2  
 Address Line 3  
 City State   
 Postal Code


#### Office Address

\*Address Type CU Office  \*Country USA   
 \*Addr Line 1 (Bldg & Rm) Watson Hall - Rm 704  
 Address Line 2 612 West 115th Street  
 Addr Line 3 (Mail Code) MC4302  
 City New York State NY   
 Postal Code

#### Check Address **\*Check sequence code info must match the hiring department**

\*Check Sequence Code 00901   
 Address Line 1 A & S Admin c/o Qamar Said  
 Address Line 2 Low Library - A&S Admin  
 Address Line 3 MC 4302 Number 00901

#### Home/Preferred Phone

Phone Type Home  Telephone 212-123-4567

**Mobile Phone**

Phone Type **Mobile**

Telephone

**CU Office Phone**

Phone Type **CU Office**

Telephone 212-854-1234

**CU Office Fax**

Phone Type **CU Office FAX**

Telephone

**Person Gender**

\*Gender Female

**Birth Information**

\*Date of Birth 01/01/1991

**Person Marital Status**

**\*Must match marital status listed on tax forms**

\*Marital Status Married

Marital Status Date 09/09/2009

**Citizenship Status**

**\*Must match status on completed I-9**

\*US Citizen? Y

**Visa**

**\*Must include visa number & documentation if the employee is not a US citizen**

Visa/Permit Type

Visa/Permit Number

Expiration Date

**Ethnicity/Diversity (check as many as applicable)**

Hispanic or Latino

American Indian/Alaska Native

Asian

Black or African American

Native Hawaiian/Pacific Island

White

**Person Education Level**

\*Highest Education Level G-Bachelor's Level Degree

**Education - 01 - Highest Degree**

Degree BA

School Code 2093

Date Received 05/31/2012

School Description COLUMBIA UNIVERSITY

**Education - 02 - Accomplishment**

Degree

School Code

Date Received

School Description

**Education - 03 - Accomplishment**

Degree

School Code

Date Received

School Description

**Education - 04 - Accomplishment**

Degree

School Code

Date Received

School Description

**Tenure Data**

**\* Choose Code 6 (will help HR with reporting)**

\*Tenure Status 6. Not Applicable ▼

Tenure Eff Date (Req'd for 1 or 2 Only)

**Complete University Title** \*Must Match Title that is auto-generated by position number below

CU Business Title

**Work Location - Job Fields** \*Make sure all position number attributes are generated correctly; same as offer letter

\*Position Number   Override Position Data

Position Description  Location Code

Position Department  \*Admin Department

Position Dept Descr  Admin Dept Descr

\*Full/Part Time

\*Job Code

Salary Grade  Standard Hours

**CU\_JOB**

Period/Contract Salary  Appointment End Date

Full Base Salary

\*Use NAHRLY for Casual hires (List hourly rate); Use NAANNL for all other employees (List annual rate)

**Job Compensation - Pay Components**  
\*Comp Rate Code (Salary Type)  Compensation Rate (Annual or HourlyRt)

Compensation Frequency

**Validation of I-9** \*Request copy of I-9 receipt to confirm that the I-9 has been completed

Completion of I-9 Validation

**Affirmative Action**

AA Clearance

Effective Date

Expiration Date

**Attachments** \*Upload all documents in 1 pdf file [Personalize](#) | [Find](#) | [View All](#) | | First 1 of 1 Last

Seq	Attached File	Attachment Type	Attachment Date Time	Upload	View
1		Hiring Documents ▼		Upload	View

**Comments** \*\*This is where any issues will be noted for recycled TBHs\*\*

Comments

[Return to Enter Transaction Details Page](#)

Save and Submit

Save for Later

Quit Without Saving

Go to Top of page

### Template Based Hire/Rehire

Enter/Review the employee information.

\*Job Eff Date (Hire Date): 11/22/2017

Personal / Job Data | Labor Accounting

#### Employee Information \*Funding end date is the end of the fiscal year (positions with grant-funding

#### Salary Distribution - 1a must adhere to the grant's instructions)

Combination Code	<input type="text"/>	Funding End Date	<input type="text" value="06/30/2018"/>
Description	<input type="text"/>		
Combo Code Department	<input type="text"/>		
Combo Code Amount	<input type="text"/>	Percent of Distribution	<input type="text" value="100.000000"/>

#### Salary Distribution - 1b

Combination Code	<input type="text"/>	Funding End Date	<input type="text"/>
Description	<input type="text"/>		
Combo Code Department	<input type="text"/>		
Combo Code Amount	<input type="text"/>	Percent of Distribution	<input type="text"/>

#### Salary Distribution - 1c

Combination Code	<input type="text"/>	Funding End Date	<input type="text"/>
Description	<input type="text"/>		
Combo Code Department	<input type="text"/>		
Combo Code Amount	<input type="text"/>	Percent of Distribution	<input type="text"/>

#### Salary Distribution - 1d

Combination Code	<input type="text"/>	Funding End Date	<input type="text"/>
Description	<input type="text"/>		
Combo Code Department	<input type="text"/>		
Combo Code Amount	<input type="text"/>	Percent of Distribution	<input type="text"/>

#### Salary Distribution Comments

Comments

#### Additional Compensation - 1a

Earnings Code	<input type="text"/>	Earnings End Date	<input type="text"/>
Description	<input type="text"/>	Combination Code	<input type="text"/>
Pay Period Amount	<input type="text"/>	Description	<input type="text"/>
		Combo Code Department	<input type="text"/>

#### Additional Compensation - 1b

Earnings Code	<input type="text"/>	Earnings End Date	<input type="text"/>
Description	<input type="text"/>	Combination Code	<input type="text"/>
Pay Period Amount	<input type="text"/>	Description	<input type="text"/>

Pay Period Amount

Description

Combo Code Department

**Additional Compensation - 6b**

Earnings Code  

Earnings End Date  

Description

Combination Code  

Pay Period Amount

Description

Combo Code Department

**Additional Compensation - 6c**

Earnings Code  

Earnings End Date  

Description

Combination Code  

Pay Period Amount

Description

Combo Code Department

**Additional Compensation - 6d**

Earnings Code  

Earnings End Date  

Description

Combination Code  

Pay Period Amount

Description

Combo Code Department

**Comments - 6**

Comments

Comments

[Return to Enter Transaction Details Page](#)

Save and Submit

Save for Later

Quit Without Saving

\*This will send the TBH to the 2nd Level approver

\*This will not send the TBH for approval.

Go to Top of page

**SAMPLE FUNDING REQUEST EMAIL**  
For New Positions

**Send an email to the Hiring Committee:**

- Tanique Dunkley (td2432@columbia.edu)
- Ellen Binder (eb337@columbia.edu)
- Scott Norum (swn3@columbia.edu)

**Copy the EVP HR Office:**

- Davima Broadbelt ([dbb2115@columbia.edu](mailto:dbb2115@columbia.edu))
- Patrice Turner ([pct2113@columbia.edu](mailto:pct2113@columbia.edu))
- Roje Thomas ([rt2736@columbia.edu](mailto:rt2736@columbia.edu))

**Subject:** Funding Approval Request for *Position Name – Dept.*

**Body of the email:**

Dear All,

I am requesting funding approval for *X (# of positions)* new positions: *1 full-time/part-time Position Name* (*XX* hours per week) at Grade *X (Proposed Grade)*.

The budgeted salary is \$*XX* per hour, \$*XX,XXX* annually.

The targeted start date: *9/01/17*

**For replacements only:** Incumbent will replace: *Jane Doe*

**If grant funded only:** The salaries will be funded by *the XYZ grant from the XXX Foundation* with a current end date of *2/28/19 (if applicable)*.

The chart string for the positions: *Provide full chart string(s) or combocode*

%	Combocode (if available)	Natural Account	Department Number	PC Bus Unit	Project	Activity	Initiative	Segment

Type of Payroll	Pay Run ID	Period Covered	PAF, Nomination Forms & TBH	FFE/Time & Labor Entry Period	Labor Accounting Add Comp		View on Web Date	Check Date
			HRPC Mail Closing Date		Dept. Admin.	Final Approve		
Weekly	WKL-18-027	06/25/18-07/01/18	Thu 06/21/2018	06/27/18 - 06/29/18			07/03/18	07/06/2018
Semi-Monthly	SMP-18-013	07/01/18-07/15/18	Fri 06/29/2018		Fri 06/29/2018	Fri 07/06/2018	07/11/18	07/13/2018
Biweekly	BWK-18-028	06/25/18-07/08/18	Fri 06/29/2018	07/04/18 - 07/09/18			07/11/18	07/13/2018
Weekly	BWK-18-028	07/02/18-07/08/18	Fri 06/29/2018	07/04/18 - 07/09/18			07/11/18	07/13/2018
Weekly	WKL-18-029	07/09/18-07/15/18	Mon 07/09/2018	07/11/18 - 07/16/18			07/18/18	07/20/2018
Semi-Monthly	SMP-18-014	07/16/18-07/31/18	Tue 07/17/2018		Mon 07/16/2018	Fri 07/20/2018	07/26/18	07/31/2018
Stipend / Retiree	STR-18-008	08/01/18 - 08/31/18	Tue 07/17/2018				07/26/18	08/01/2018
Biweekly	BWK-18-030	07/09/18-07/22/18	Mon 07/16/2018	07/18/18 - 07/23/18			07/25/18	07/27/2018
Weekly	BWK-18-030	07/16/18-07/22/18	Mon 07/16/2018	07/18/18 - 07/23/18			07/25/18	07/27/2018
Weekly	WKL-18-031	07/23/18-07/29/18	Mon 07/23/2018	07/25/18 - 07/30/18			08/01/18	08/03/2018
Semi-Monthly	SMP-18-015	08/01/18-08/15/18	Thu 08/02/2018		Thu 08/02/2018	Wed 08/08/2018	08/11/18	08/15/2018
Biweekly	BWK-18-032	07/23/18-08/05/18	Mon 07/30/2018	08/01/18 - 08/06/18			08/08/18	08/10/2018
Weekly	BWK-18-032	07/30/18-08/05/18	Mon 07/30/2018	08/01/18 - 08/06/18			08/08/18	08/10/2018
Weekly	WKL-18-033	08/06/18-08/12/18	Mon 08/06/2018	08/08/18 - 08/13/18			08/15/18	08/17/2018
Biweekly	BWK-18-034	08/06/18-08/19/18	Mon 08/13/2018	08/15/18 - 08/20/18			08/22/18	08/24/2018
Weekly	BWK-18-034	08/13/18-08/19/18	Mon 08/13/2018	08/15/18 - 08/20/18			08/22/18	08/24/2018
Semi-Monthly	SMP-18-016	08/16/18-08/31/18	Mon 08/20/2018		Mon 08/20/2018	Fri 08/24/2018	08/29/18	08/31/2018
Stipend / Retiree	STR-18-009	09/01/18-09/30/18	Mon 08/20/2018				08/29/18	09/01/2018
Weekly	WKL-18-035	08/20/18-08/26/18	Mon 08/20/2018	08/22/18 - 08/27/18			08/29/18	08/31/2018
Biweekly	BWK-18-036	08/20/18-09/02/18	Fri 08/24/2018	08/29/18 - 08/31/18			09/05/18	09/07/2018
Weekly	BWK-18-036	08/27/18-09/02/18	Fri 08/24/2018	08/29/18 - 08/31/18			09/05/18	09/07/2018
Semi-Monthly	SMP-18-017	09/01/18-09/15/18	Fri 08/31/2018		Fri 08/31/2018	Fri 09/07/2018	09/12/18	09/14/2018
Weekly	WKL-18-037	09/03/18-09/09/18	Fri 08/31/2018	09/05/18 - 09/10/18			09/12/18	09/14/2018
Biweekly	BWK-18-038	09/03/18-09/16/18	Mon 09/10/2018	09/12/18 - 09/17/18			09/19/18	09/21/2018
Weekly	BWK-18-038	09/10/18-09/16/18	Mon 09/10/2018	09/12/18 - 09/17/18			09/19/18	09/21/2018
Semi-Monthly	SMP-18-018	09/16/18-09/30/18	Mon 09/17/2018		Mon 09/17/2018	Fri 09/21/2018	09/26/18	09/28/2018
Stipend / Retiree	STR-18-010	10/01/18-10/31/18	Mon 09/17/2018				09/26/18	10/01/2018
Weekly	WKL-18-039	09/17/18-09/23/18	Mon 09/17/2018	09/19/18 - 09/24/18			09/26/18	09/28/2018
Biweekly	BWK-18-040	09/17/18-09/30/18	Mon 09/24/2018	09/26/18 - 10/01/18			10/03/18	10/05/2018
Weekly	BWK-18-040	09/24/18-09/30/18	Mon 09/24/2018	09/26/18 - 10/01/18			10/03/18	10/05/2018
Semi-Monthly	SMP-18-019	10/01/18-10/15/18	Mon 10/01/2018		Mon 10/01/2018	Fri 10/05/2018	10/10/18	10/15/2018
Weekly	WKL-18-041	10/01/18-10/07/18	Mon 10/01/2018	10/03/18 - 10/08/18			10/10/18	10/12/2018
Biweekly	BWK-18-042	10/01/18-10/14/18	Mon 10/08/2018	10/10/18 - 10/15/18			10/17/18	10/19/2018
Weekly	BWK-18-042	10/08/18-10/14/18	Mon 10/08/2018	10/10/18 - 10/15/18			10/17/18	10/19/2018
Weekly	WKL-18-043	10/15/18-10/21/18	Mon 10/15/2018	10/17/18 - 10/22/18			10/24/18	10/26/2018
Semi-Monthly	SMP-18-020	10/16/18-10/31/18	Thu 10/18/2018		Thu 10/18/2018	Wed 10/24/2018	10/27/18	10/31/2018
Stipend / Retiree	STR-18-011	11/01/18 - 11/30/18	Thu 10/18/2018				10/27/18	11/01/2018
Biweekly	BWK-18-044	10/15/18-10/28/18	Mon 10/22/2018	10/24/18 - 10/29/18			10/31/18	11/02/2018

Type of Payroll	Pay Run ID	Period Covered	PAF, Nomination Forms & TBH	FFE/Time & Labor Entry Period	Labor Accounting Add Comp		View on Web Date	Check Date
			HRPC Mail Closing Date		Dept. Admin.	Final Approve		
Weekly	BWK-18-044	10/22/18-10/28/18	Mon 10/22/2018	10/24/18 - 10/29/18			10/31/18	11/02/2018
Weekly	WKL-18-045	10/29/18-11/04/18	Fri 10/26/2018	10/31/18 - 11/02/18			11/06/18	11/09/2018
Semi-Monthly	SMP-18-021	11/01/18-11/15/18	Thu 11/01/2018		Wed 10/31/2018	Wed 11/7/2018	11/10/18	11/15/2018
Biweekly	BWK-18-046	10/29/18-11/11/18	Fri 11/02/2018	11/07/18 - 11/12/18			11/14/18	11/16/2018
Weekly	BWK-18-046	11/05/18-11/11/18	Fri 11/02/2018	11/07/18 - 11/12/18			11/14/18	11/16/2018
Weekly	WKL-18-047	11/12/18-11/18/18	Thu 11/08/2018	11/14/18 - 11/15/18			11/17/18	11/21/2018
Semi-Monthly	SMP-18-022	11/16/18-11/30/18	Wed 11/14/2018		Thu 11/15/2018	Wed 11/21/2018	11/28/18	11/30/2018
Stipend / Retiree	STR-18-012	12/01/18-12/31/18	Wed 11/14/2018				11/28/18	12/01/2018
Biweekly	BWK-18-048	11/12/18-11/25/18	Wed 11/14/2018	11/21/18 - 11/26/18			11/28/18	11/30/2018
Weekly	BWK-18-048	11/19/18-11/25/18	Wed 11/14/2018	11/21/18 - 11/26/18			11/28/18	11/30/2018
Weekly	WKL-18-049	11/26/18-12/02/18	Mon 11/26/2018	11/28/18 - 12/03/18			12/05/18	12/07/2018
Semi-Monthly	SMP-18-023	12/01/18-12/15/18	Mon 12/03/2018		Mon 12/03/2018	Fri 12/07/2018	12/12/18	12/14/2018
Biweekly	BWK-18-050	11/26/18-12/09/18	Mon 12/03/2018	12/05/18 - 12/10/18			12/12/18	12/14/2018
Weekly	BWK-18-050	12/03/18-12/09/18	Mon 12/03/2018	12/05/18 - 12/10/18			12/12/18	12/14/2018
Weekly	WKL-18-051	12/10/18-12/16/18	Mon 12/10/2018	12/12/18 - 12/17/18			12/19/18	12/21/2018
Semi-Monthly	SMP-18-024	12/16/18-12/31/18	Thu 12/13/2018		Thu 12/13/2018	Wed 12/19/2018	12/22/18	12/28/2018
Stipend / Retiree	STR-19-001	01/01/19-01/31/19	Thu 12/13/2018				12/22/18	01/01/2019
Biweekly	BWK-18-052	12/10/18-12/23/18	Thu 12/13/2018	12/19/18 - 12/20/18			12/22/18	12/28/2018
Weekly	BWK-18-052	12/17/18-12/23/18	Thu 12/13/2018	12/19/18 - 12/20/18			12/22/18	12/28/2018
Weekly	WKL-19-001	12/24/18-12/30/18	Mon 12/17/2018	12/26/18 - 12/27/18			12/29/18	01/04/2019
Semi-Monthly	SMP-19-001	01/01/19-01/15/19	Fri 12/28/2018		Thu 12/27/2018	Fri 01/04/2019	01/09/19	01/15/2019
Biweekly	BWK-19-002	12/24/18-01/06/19	Fri 12/28/2018	01/02/19 - 01/07/19			01/09/19	01/11/2019
Weekly	BWK-19-002	12/31/18-01/06/19	Fri 12/28/2018	01/02/19 - 01/07/19			01/09/19	01/11/2019
Weekly	WKL-19-003	01/07/19-01/13/19	Mon 01/07/2019	01/09/19 - 01/14/19			01/16/19	01/18/2019
Biweekly	BWK-19-004	01/07/19-01/20/19	Fri 01/11/2019	01/16/19 - 01/18/19			01/23/19	01/25/2019
Weekly	BWK-19-004	01/14/19-01/20/19	Fri 01/11/2019	01/16/19 - 01/18/19			01/23/19	01/25/2019
Semi-Monthly	SMP-19-002	01/16/19-01/31/19	Thu 01/17/2019		Thu 01/17/2019	Thu 01/24/2019	01/29/19	01/31/2019
Stipend / Retiree	STR-19-002	02/01/19-02/28/19	Thu 01/17/2019				01/29/19	02/01/2019
Weekly	WKL-19-005	01/21/19-01/27/19	Fri 01/18/2019	01/23/19 - 01/28/19			01/30/19	02/01/2019
Biweekly	BWK-19-006	01/21/19-02/03/19	Mon 01/28/2019	01/30/19 - 02/04/19			02/06/19	02/08/2019
Weekly	BWK-19-006	01/28/19-02/03/19	Mon 01/28/2019	01/30/19 - 02/04/19			02/06/19	02/08/2019
Semi-Monthly	SMP-19-003	02/01/19-02/15/19	Mon 02/04/2019		Mon 02/04/2019	Fri 02/08/2019	02/13/19	02/15/2019
Weekly	WKL-19-007	02/04/19-02/10/19	Mon 02/04/2019	02/06/19 - 02/11/19			02/13/19	02/15/2019
Biweekly	BWK-19-008	02/04/19-02/17/19	Mon 02/11/2019	02/13/19 - 02/18/19			02/20/19	02/22/2019
Weekly	BWK-19-008	02/11/19-02/17/19	Mon 02/11/2019	02/13/19 - 02/18/19			02/20/19	02/22/2019
Semi-Monthly	SMP-19-004	02/16/19-02/28/19	Fri 02/15/2019		Wed 02/13/2019	Thu 02/21/2019	02/26/19	02/28/2019
Stipend / Retiree	STR-19-003	03/01/19-03/31/19	Fri 02/15/2019				02/26/19	03/01/2019
Weekly	WKL-19-009	02/18/19-02/24/19	Mon 02/18/2019	02/20/19 - 02/25/19			02/27/19	03/01/2019

Type of Payroll	Pay Run ID	Period Covered	PAF, Nomination Forms & TBH	FFE/Time & Labor Entry Period	Labor Accounting Add Comp		View on Web Date	Check Date
			HRPC Mail Closing Date		Dept. Admin.	Final Approve		
Biweekly	BWK-19-010	02/18/19-03/03/19	Mon 02/25/2019	02/27/19 - 03/04/19			03/06/19	03/08/2019
Weekly	BWK-19-010	02/25/19-03/03/19	Mon 02/25/2019	02/27/19 - 03/04/19			03/06/19	03/08/2019
Semi-Monthly	SMP-19-005	03/01/19-03/15/19	Mon 03/04/2019		Mon 03/04/2019	Fri 03/08/2019	03/13/19	03/15/2019
Weekly	WKL-19-011	03/04/19-03/10/19	Mon 03/04/2019	03/06/19 - 03/11/19			03/13/19	03/15/2019
Biweekly	BWK-19-012	03/04/19-03/17/19	Mon 03/11/2019	03/13/19 - 03/18/19			03/20/19	03/22/2019
Weekly	BWK-19-012	03/11/19-03/17/19	Mon 03/11/2019	03/13/19 - 03/18/19			03/20/19	03/22/2019
Semi-Monthly	SMP-19-006	03/16/19-03/31/19	Mon 03/18/2019		Mon 03/18/2019	Fri 03/22/2019	03/27/19	03/29/2019
Stipend / Retiree	STR-19-004	04/01/19-04/30/19	Mon 03/18/2019				03/27/19	04/01/2019
Weekly	WKL-19-013	03/18/19-03/24/19	Mon 03/18/2019	03/20/19 - 03/25/19			03/27/19	03/29/2019
Biweekly	BWK-19-014	03/18/19-03/31/19	Mon 03/25/2019	03/27/19 - 04/01/19			04/03/19	04/05/2019
Weekly	BWK-19-014	03/25/19-03/31/19	Mon 03/25/2019	03/27/19 - 04/01/19			04/03/19	04/05/2019
Semi-Monthly	SMP-19-007	04/01/19-04/15/19	Mon 04/01/2019		Mon 04/1/2019	Fri 04/05/2019	04/10/19	04/12/2019
Weekly	WKL-19-015	04/01/19-04/07/19	Mon 04/01/2019	04/03/19 - 04/08/19			04/10/19	04/12/2019
Biweekly	BWK-19-016	04/01/19-04/14/19	Mon 04/08/2019	04/10/19 - 04/15/19			04/17/19	04/19/2019
Weekly	BWK-19-016	04/08/19-04/14/19	Mon 04/08/2019	04/10/19 - 04/15/19			04/17/19	04/19/2019
Weekly	WKL-19-017	04/15/19-04/21/19	Mon 04/15/2019	04/17/19 - 04/22/19			04/24/19	04/26/2019
Semi-Monthly	SMP-19-008	04/16/19-04/30/19	Tue 04/16/2019		Tue 04/16/2019	Mon 04/22/2019	04/25/19	04/30/2019
Stipend / Retiree	STR-19-005	05/01/19-05/31/19	Tue 04/16/2019				04/25/19	05/01/2019
Biweekly	BWK-19-018	04/15/19-04/28/19	Mon 04/22/2019	04/24/19 - 04/29/19			05/01/19	05/03/2019
Weekly	BWK-19-018	04/22/19-04/28/19	Mon 04/22/2019	04/24/19 - 04/29/19			05/01/19	05/03/2019
Weekly	WKL-19-019	04/29/19-05/05/19	Mon 04/29/2019	05/01/19 - 05/06/19			05/08/19	05/10/2019
Semi-Monthly	SMP-19-009	05/01/19-05/15/19	Tue 05/01/2019		Thu 05/02/2019	Wed 05/08/2019	05/11/19	05/15/2019
Biweekly	BWK-19-020	04/29/19-05/12/19	Mon 05/06/2019	05/08/19 - 05/13/19			05/15/19	05/17/2019
Weekly	BWK-19-020	05/06/19-05/12/19	Mon 05/06/2019	05/08/19 - 05/13/19			05/15/19	05/17/2019
Weekly	WKL-19-021	05/13/19-05/19/19	Mon 05/13/2019	05/15/19 - 05/20/19			05/22/19	05/24/2019
Semi-Monthly	SMP-19-010	05/16/19-05/31/19	Fri 05/17/2019		Fri 05/17/2019	Thu 05/23/2019	05/29/19	05/31/2019
Stipend / Retiree	STR-19-006	06/01/19-06/30/19	Fri 05/17/2019				05/29/19	06/01/2019
Biweekly	BWK-19-022	05/13/19-05/26/19	Fri 05/17/2019	05/22/19 - 05/24/19			05/29/19	05/31/2019
Weekly	BWK-19-022	05/20/19-05/26/19	Fri 05/17/2019	05/22/19 - 05/24/19			05/29/19	05/31/2019
Weekly	WKL-19-023	05/27/19-06/02/19	Fri 05/24/2019	05/29/19 - 06/03/19			06/05/19	06/07/2019
Semi-Monthly	SMP-19-011	06/01/19-06/15/19	Mon 06/03/2019		Mon 06/03/2019	Fri 06/07/2019	06/12/19	06/14/2019
Biweekly	BWK-19-024	05/27/19-06/09/19	Mon 06/03/2019	06/05/19 - 06/10/19			06/12/19	06/14/2019
Weekly	BWK-19-024	06/03/19-06/09/19	Mon 06/03/2019	06/05/19 - 06/10/19			06/12/19	06/14/2019
Weekly	WKL-19-025	06/10/19-06/16/19	Mon 06/10/2019	06/12/19 - 06/17/19			06/19/19	06/21/2019
Semi-Monthly	SMP-19-012	06/16/19-06/30/19	Mon 06/17/2019		Mon 06/17/2019	Fri 06/21/2019	06/27/19	06/28/2019
Stipend / Retiree	STR-19-007	07/01/19-07/31/19	Mon 06/17/2019				06/26/19	07/01/2019
Biweekly	BWK-19-026	06/10/19-06/23/19	Mon 06/17/2019	06/19/19 - 06/24/19			06/26/19	06/28/2019
Weekly	BWK-19-026	06/17/19-06/23/19	Mon 06/17/2019	06/19/19 - 06/24/19			06/26/19	06/28/2019

**Fiscal Year 2019 Compensation Guidance: Officers of Administration and Non-Union Support Staff  
Columbia University  
(Excluding Medical Center)**

Annual Salary for Officers of Administration,  
Non-Union Support Staff (NUSS), and Research and Technology Support Staff (Non-Union)\*

Effective January 1, 2019

ADMINISTRATIVE NUSS	
Grade	Minimum
5	\$40,100
6	\$41,800
7	\$43,900
8	\$46,700
9	\$48,900
9A	\$50,900

OFFICERS OF ADMINISTRATION	
Grade	Minimum
10	\$58,500
11	\$58,500
12	\$61,000
13	\$65,300
14	\$71,900
15	\$84,200
16	\$106,200

RESEARCH & TECHNICAL NUSS	
Grade	Minimum
R1	\$35,000
R2	\$35,500
R3	\$36,800
R4	\$38,100
R5	\$39,800
R6	\$42,000
R7	\$44,500
R8	\$49,000
R9	\$52,300

These ranges do not apply to employees in the UAW Local 2110 Collective Bargaining Agreement

## Minimum requirements for Morningside positions

	Morningside Salary Grade	Minimum Experience Requirement	Minimum Education Requirement (1.5–2 years of directly related experience for each year of education up to a maximum of six years may be used to fulfill education requirements.)
<b>Local 2110 Union &amp; Non-Union Support Staff (NUSS)</b>	5	Six months of experience	High school diploma or equivalent
	6	One year of related experience	High school diploma or equivalent
	7	Two years of related experience	High school diploma or equivalent
	8	Two years of related experience	High school diploma or equivalent; some college preferred
	9	Three years of related experience	High school diploma or equivalent; some college preferred
	9A	Three years of related experience	High school diploma or equivalent; some college preferred

	Morningside Salary Grade	Minimum Experience Requirement	Minimum Education Requirement (1.5–2 years of directly related experience for each year of education up to a maximum of six years may be used to fulfill education requirements.)
<b>Officers of Administration</b>	10	0–2 years of related experience	Bachelor's degree and/or equivalent related experience required
	11	2–4 years of related experience	Bachelor's degree and/or equivalent related experience required
	12	3–5 years of related experience	Bachelor's degree and/or equivalent related experience required
	13	4–6 years of related experience	Bachelor's degree required; advanced degree desirable
	14	5–7 years of related experience	Bachelor's degree required; advanced degree desirable
	15	7–9 years of related experience	Bachelor's degree required; advanced degree is usually required or strongly desirable
	16	8–10 years of related experience	Bachelor's degree required; advanced degree usually required or strongly desirable
	UGR	10 + years of related experience	Bachelor's degree required; advanced degree usually required or strongly desirable

	Morningside Salary Grade	Minimum Experience Requirement	Minimum Education Requirement (1.5–2 years of directly related experience for each year of education up to a maximum of six years may be used to fulfill education requirements.)
<b>Research &amp; Technical Non-Union Support Staff (NUSS)</b>	R1	High-school Diploma or equivalent required.	Minimum 0-3 months of experience in a research environment.
	R2	High-school Diploma or equivalent required.	Minimum 0-3 months of experience in a research environment.
	R3	Bachelor's degree required in a scientific discipline.	Minimum six (6) months of experience in a research environment.
	R4	Bachelor's degree required in a scientific discipline.	Minimum one (1) year of experience in a research environment.
	R5	Bachelor's degree required in a scientific discipline.	Minimum two (2) years of experience in a research environment.
	R6	Bachelor's degree required in a scientific discipline.	Minimum two (2) years of experience in a research environment.
	R7	Bachelor's degree required in a scientific discipline.	Minimum two (2) years of experience in a research environment.
	R8	Bachelor's degree required in a scientific discipline.	Minimum three (3) years of experience in a research environment.
	R9	Bachelor's degree required in a scientific discipline.	Minimum three (3) years of experience in a research environment.

## Additional Compensation Policy

Additional compensation (Add Comp) payments are one-time or ongoing payments that are made in addition to regular earnings for active salaried officers and non-union support staff. Union employees are not eligible for additional compensation.

Add comps can be requested for many reasons, and can be paid all in one pay period or be spread out over multiple pay periods. These payments can be paid to employees both within the administrative department and to employees in another administrative department and are processed via PAC.

Officers of the University are expected to work the time required to accomplish the responsibilities of their primary position without additional compensation. However, there are situations where it may be appropriate and desirable to compensate individuals for work other than that performed in their primary position. Senior level employees (grade 15 and above) are expected to provide such services without additional compensation. Officers in grade 14 and below may be considered for additional compensation if the following condition is met:

Work must be other than that defined by the individual's primary responsibilities and must be such that, were the individual not willing to do it, a new temporary or part-time employee would need to be hired for the task. Services must be performed outside of the employee's normal business hours.

Before any work related to additional compensation occurs, the request must be submitted in writing to the EVP HR office for review and approval by Tanique Dunkley, AVP of Human Resources.

Please provide the following:

- Detailed description of the additional work.
- Duration of when the work will be done.
- Would someone else need to be hired to complete the work?
- What is the requested additional compensation amount?

After the request is approved by the AVP of HR, the additional compensation transaction can be entered in PAC.

Visit the Human Resources Training Catalog for training information on processing additional compensation payments. View the [Payroll Calendar](#) for key dates and deadlines related to submitting and approving additional compensation transactions.

There are rare instances when an additional compensation transaction must be submitted via paper instead of through PAC. Visit the [Payroll section on the Finance Gateway \(link is external\)](#) for more information and to access the form.

Acronyms	Function
<b>A&amp;S IT-</b> Arts & Sciences, Information Technology	Contact for any I.T. issues
<b>ARC-</b> Accounting & Reporting at Columbia	Web-based financial system. (Ledgers, Account Charts, Funding etc)
<b>CUHR-</b> Central Human Resources Center	Central HR office for ALL Columbia University Community
<b>DIA-</b> Delegated identity Application	Used to generate new employees UNIs/UPNs, network access, ID etc.
<b>EVP HR-</b> Executive Vice President (of Arts & Sciences), Human Resources	Liasion between A&S departments and CUHR
<b>GIS-</b> General Information Services	Online system for processing background checks and drug screenings.
<b>HRPC-</b> Human Resources Processing Center	The office that manages PAC information.
<b>JAC-</b> Jobs at Columbia	Job Posting/ Recruiting tool
<b>PAC-</b> People at Columbia	CU Customized Human Resources System
<b>PAF-</b> Personnel Action Form	Used to make any personnel changes in PAC.
<b>PageUP</b>	New Job Recruitment/On-Boarding Tool (replacing JAC early 2019)
<b>PFL-</b> Paid Family Leave	NYS Leave option available to employess
<b>PMR-</b> Position Management Request Form	Used to administer any changes or updates to job attributes.
<b>SPA-</b> Sponsored Projects Administration	Office for administrative support for investagators in pursuit of reseach & sponsored research projects
<b>SPA-</b> Sponsored Projects Finance	Office responsible for management and operation of post-award finance of sponsored programs
<b>TBH-</b> Template Based Hire	Template used for Administrative new hires & rehires

# Position Questionnaire

## Information

Position Title: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
 Department: \_\_\_\_\_  
 Employee \_\_\_\_\_ Name: \_\_\_\_\_  
 \_\_\_\_\_ Building and Room: \_\_\_\_\_  
 Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
 Date (mm/dd/yyyy):    /    /   

## Employee Instructions

1. Read all of the questionnaire before starting to answer the questions. Keep in mind that the purpose of the questionnaire is to collect information about the nature of the position and is not designated to evaluate individual performance.
2. Be as complete and specific as possible with your responses. Answer the questions so that someone unfamiliar with your position would obtain a clear understanding of the position.
3. Please print legibly, using black ink only, or complete this form on your computer, print it out, and sign it.
4. Review the completed questionnaire to make sure that correct and complete information has been provided.
5. Return the completed questionnaire to your supervisor. Your supervisor will review the questionnaire and comment on the last page.

## 1. Job Duties

Indicate which, if any, of the following job duties or tasks are part of your job by checking how frequently you perform them in the appropriate column on the right. If any of your job duties do not appear on the list, add them in the appropriate section in the space marked "Other."

<b><i>Clerical and Secretarial</i></b>	<b><i>Daily</i></b>	<b><i>Weekly</i></b>	<b><i>Bi-weekly</i></b>	<b><i>Seasonally</i></b>
Typing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proofreading for typographical errors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Filing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statistical or bilingual typing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proofreading according to set styles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal, medical, or technical typing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stenography or Dictaphone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choose from among a set of set letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____			<input type="checkbox"/>	<input type="checkbox"/>

**Writing and Editing**

	<b>Daily</b>	<b>Weekly</b>	<b>Bi-weekly</b>	<b>Seasonally</b>
Compose own correspondence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write summaries or synopses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Write and edit bulletin copy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research and write reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Edit for content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Equipment and Machinery Operation**

	<b>Daily</b>	<b>Weekly</b>	<b>Bi-weekly</b>	<b>Seasonally</b>
Calculator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cash Register	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facsimile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complex postage machines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drive a van or truck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photocopy: high volume or complex machines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mailing or shipping international parcels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audio-visual equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance, minor repair, and adjustment of equipment/machinery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Photography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Information**

	<b>Daily</b>	<b>Weekly</b>	<b>Bi-weekly</b>	<b>Seasonally</b>
Answer telephone, take messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Direct visitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Answer telephones involving screening or high volume	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Convey routine information on Columbia policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screen visitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Convey complex information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address problems for students, faculty, vendors, parents, donors, or employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advise and counsel individuals and groups (e.g., on academic or benefit choices)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C O U M B A U N V E R S I T Y      U M A N   R E S O U R C E S

**Mail and Supplies**

	<b>Daily</b>	<b>Weekly</b>	<b>Bi-weekly</b>	<b>Seasonally</b>
Distribute mail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand deliveries of mail or messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery of supplies within an office or department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery of heavy or fragile materials/supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check inventory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Administrative Support**

	<b>Daily</b>	<b>Weekly</b>	<b>Bi-weekly</b>	<b>Seasonally</b>	
Reserve rooms for classes or meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Handle maintenance complaints for department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Responsible for campus-wide maintenance complaints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Responsible for implementation of systems and procedures (e.g., dept. mail room operation or dept. stockroom)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Logistical support for events and conferences (e.g., arrange for set up of room and equipment)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Coordinate the work of a few student workers or one other staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Coordinate the work of numerous student workers or two or more staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evaluate and recommend products (e.g., computers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Solicit bids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Coordinate logistical support for events and conferences (e.g., food, hotels, information sent to participants, rooms, equipment, registration)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Campus-wide scheduling of space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Modify and be responsible for implementation of systems and procedures (e.g., registration, admissions, financial aid, financial accounting, record keeping, management of network files)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prepare court documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Make travel arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# C O U M B A U N V E R S I T Y U M A N R E S O U R C E S

**Computer Related Tasks**

	<b>Daily</b>	<b>Weekly</b>	<b>Bi-weekly</b>	<b>Seasonally</b>
Data entry and retrieval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verify data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Edit data	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Word processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Format reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Install software on stand-alone PC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instruct computer users on stand-alone PCs or word processors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Routine testing of computer equipment using diagnostic and application software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desktop publishing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spreadsheet reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Troubleshoot hardware or software problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Install software on network computer or mainframe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instruct others on use of network or computer mainframe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computer Programming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Systems analysis and design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Financial Tasks**

	<b>Daily</b>	<b>Weekly</b>	<b>Bi-weekly</b>	<b>Seasonally</b>
Purchase (up to \$500)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Purchase (over \$500)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Petty cash disbursement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Record and/or deposit checks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basic bookkeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Process pay and purchase orders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Billing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reconciliation of accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open and close accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Choose appropriate account/subcode for charges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Make budget proposals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reconcile and analyze and/or provide information about specialized financial statements and reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cashiering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Process Payroll	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List the three to five most important functions of your job:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

---

## 2. Supervision/Problem Solving:

Check the one statement that most closely describes the supervision received in your position.

- Work is performed under close supervision.
- Work is performed under general supervision by following standard procedures and schedules referring questionable cases to supervisor.
- Work is done independently by following established procedures and priorities referring unusual cases to supervisor.
- Work is done independently, only consults supervisor when interpretation of university policies are involved.

Give examples (*If you need more space, please attach a sheet of paper*):

---

## 3. Impact Of Errors

Check the one statement that most closely describes the impact of errors in your position.

- Errors can easily be detected and corrected by you.
- Errors usually detected in succeeding operations. Work is verified and checked.
- Errors can go undetected. Most of the work is not subject to direct verification or check, and errors may impact quality of services rendered.
- Errors may only be detected when serious disruption of services occurs or results in significant monetary losses.

Give examples (*if you need more space, please attach a sheet of paper*):



## 4. Skill/Knowledge

A. Knowledge: List any specialized knowledge that is required by your position (e.g., complex policies and procedures; knowledge of external institutions, resources, laws, and/or regulation). Be as specific as possible. *(If you need more space, please attach a sheet of paper.)*

B. Required Skills: Does your job require the following skills? *(Check all that apply.)*

- Typing
- Filing
- Languages other than English—Identify: \_\_\_\_\_
- Bookkeeping
- Accounting
- Complex math (fractions, percentages, averages)
- Dictation
- Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

C. Computer Equipment: Check which computer equipment is used in your present position and indicate the application/software package used.

<b>Equipment</b>	<b>Application/Software Package (e.g., WordPerfect, Dbase, desktop publishing)</b>
<input type="checkbox"/> Word Processor	_____
<input type="checkbox"/> Personal Computer	_____
<input type="checkbox"/> Departmental Network	_____
<input type="checkbox"/> Mainframe	_____
<input type="checkbox"/> Other:	_____
	_____
	_____
	_____



### 4. Skill/Knowledge (Cont'd.)

D. Other Equipment: List below all other equipment/machines you are required to use in your current position (e.g., facsimile machine, Dictaphone, VCR, etc.):

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

### 5. Communication Skills

For each statement, indicate how often the following verbal and/or written communication skills are required for your position.

	<b>Rarely</b>	<b>Occasionally</b>	<b>Usually</b>
Obtain routine information/respond to basic questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exchange detailed or non-routine information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exchange detailed information of a critical or sensitive nature (e.g., salary-related information, test scores/academic grades)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advise or counsel other on complex matters (e.g., benefits or academic requirements)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in resolving difficult interpersonal situation (e.g., loan/bill collection)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Give examples of the duties that require the communication skill you indicated (if you need more space, please attach a sheet of paper):

### 6. Mental Effort

This section of the questionnaire measures the mental effort you use in your job. (Check the appropriate column for each statement).

	<b>Rarely</b>	<b>Occasionally</b>	<b>Usually</b>
How often are you interrupted to do something else immediately?	<input type="checkbox"/>		
How often must you manage conflicting demands?	<input type="checkbox"/>		
How often must you manage multiple deadlines?		<input type="checkbox"/>	<input type="checkbox"/>
How often do you do the same task for prolonged periods?		<input type="checkbox"/>	<input type="checkbox"/>
Does your work require a high degree of attention to detail (e.g., paying attention to numbers, proof-reading, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>



### 6. Mental Effort (Cont'd.)

Give examples of the duties that require the mental effort indicated above (if you need more space, please attach a sheet of paper):

### 7. Physical Effort

This section of the questionnaire measures the degree and duration of physical effort required to perform your job. (Check the appropriate column where applicable.)

	<b>Rarely</b>	<b>Occasionally</b>	<b>Usually</b>
Load/unload equipment or material (moderate weight)			
Load/unload equipment or material (heavy weight)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stand, walk, bend for prolonged periods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remain at workstation for prolonged periods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prolonged repetitive motion (e.g., typing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintain prolonged audio-visual attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Give examples of tasks that demand the physical effort you indicated above (if you need more space, please attach a sheet of paper):

### 8. Working Conditions

This section of the questionnaire measures the conditions of the work environment. (Check the appropriate column where applicable.)

	<b>Rarely</b>	<b>Occasionally</b>	<b>Usually</b>
Noise			
Extreme temperatures			
Toxic substances			
Work outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restricted work space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exposure to heavy traffic of faculty, staff, students, or visitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## 8. Working Conditions (Cont'd.)

Give examples of the conditions indicated above *(if you need more space, please attach a sheet of paper)*:

Describe any other environmental conditions that you work under that you think should be taken into account *(if you need more space, please attach a sheet of paper)*:

### Employee Signature

Employee's Signature: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

### Instructions for Supervisors

Name of Supervisor: \_\_\_\_\_

Supervisor's Title: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Review the questionnaire and note your comments below. Review your comments with the employee. Keep in mind that the purpose of the questionnaire is to collect information about the nature of the position and is not designed to evaluate individual performance. Give the employee a copy of the completed questionnaire. Return the questionnaire to Human Resources Client Services, 615 W. 131<sup>st</sup> Street, Studebaker Building, MC 8704.

Comments *(if you need more space, please attach a sheet of paper)*:

### Supervisor's and Department Head's Signatures

I have reviewed the completed questionnaire and discussed any comments with the employee.

Supervisor's Signature: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

Dept. Head's Signature: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_

# Job Description Form

## Instructions

Attach the following to a completed Classification/Salary Action Requisition and submit to Columbia Human Resources, Compensation, 615 West 131st: Street, Studebaker Building 4<sup>th</sup> Floor, New York, NY 10027.

- Completed job description
- Current and proposed organizational chart
- Previous job description (for a position re-evaluation)

## Position Information

Job Title: \_\_\_\_\_ Job Grade: \_\_\_\_\_

Dept./School: \_\_\_\_\_ Dept. Code: \_\_\_\_\_

Title This Position Reports To: \_\_\_\_\_

## Basic Function

The purpose of every job is "To do something." Give the basic reason for the existence of this job, not a broad description of the duties involved. *(If you need more space, please attach a sheet of paper.)*

## Characteristic Duties and Responsibilities

To comply with Americans with Disabilities Act (ADA), essential functions of the position must be clearly defined and itemized. These are primary job duties that are intrinsic to the position. Basic skills, experience, education, physical and/or cognitive requirements should mirror essential functions of the Job to be performed and vice versa.

Number each principal task and begin with an action verb. List tasks in descending order of importance and indicate amount of time in multiples of 5% devoted to each. Avoid the use of ambiguous words and terms, such as "handles" or "deals with." The final item for all jobs should be "Performs related duties & responsibilities as assigned/requested." *(If you need more space, please attach a sheet of paper.)*

<b>Characteristic Duties And Responsibilities</b>	<b>Percent of Total Job Per Year (100%)</b>
	%
	%
	%
	%
	%
	%

---

## Supervision Received and/or Exercised

State briefly the degree of supervision received by the incumbent. Indicate what type of supervision the incumbent exercises over subordinates, including student workers. Specify whether supervision of subordinates is direct or indirect. **Examples:** "Directly supervises activities of 3 Assistant Directors," or "Indirectly supervises activities of 6 Placement Officers." Indicate whether supervisory authority includes right to hire, fire, and promote subordinates. *(If you need more space, please attach a sheet of paper.)*

---

## Responsibilities for Budget/Assets

Identify responsibility for budget or assets, the dollar amount which incumbent oversees and/or administers. In general, it is the amount for which the incumbent has signatory authority. *(If you need more space, please attach a sheet of paper.)*

---

## Minimum Qualifications

Indicate the minimum educational requirements or acceptable equivalent experience. Indicate the minimum amount of experience necessary to satisfactorily perform the job. *(If you need more space, please attach a sheet of paper.)*

---

## Signature

Signature: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_  
*(Dept. Head/Personnel Representative)*



# Administrative Officer Positions Grades 14 and Above Intensive Recruitment Search Plan Review

## Instructions

Please complete this form and submit it to the Office of Equal Opportunity and Affirmative Action with a copy of the job description. Hiring managers may submit this information via e-mail (fax or regular mail if e-mail is not available). This search plan must be approved before the search begins.

## Position Information

JAC# (if available): \_\_\_\_\_

Department/School/Institute/Center: \_\_\_\_\_

Position Title: \_\_\_\_\_

Hiring Manager's Name: \_\_\_\_\_

Contact Person's Name: \_\_\_\_\_

Phone: ( ) - E-mail Address: \_\_\_\_\_

## Department Profile *To be completed by the department.*

The totals below are for administrative officers grades 10 and above only. Please do not include Officers of Instruction, Researchers, Librarians, or Support Staff.

Total	Woman		Black		Asian		Native American		Hispanic		East Indian	
	#	%	#	%	#	%	#	%	#	%	#	%

Indicate which are the targeted groups for your department.

Women    Black    Asian    Native American    Hispanic    East Indian

## Recruitment Sources

Based on the diversity needs within your department identify professional associations, publications, educational institutions, website, listservs, etc. that will receive the position announcement. (See the *Recruitment and Selection Guide Appendix, Outreach Sources* for a list of advertising sources).

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

## Approval

Equal Opportunity and Affirmative Action:    Approval Given    Approval Withheld

Reviewed by: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_



## EMPLOYEE OPT-OUT OF PAID FAMILY LEAVE BENEFITS

Information on the option to opt-out of paid family leave and directions for completing this form can be found on page 2.

### Employer Information

1. EMPLOYER'S LEGAL NAME, INCLUDING (DBA/AKA/TA) Columbia University	
2. ADDRESS 615 West 131st Street Studebaker, 4th Floor	4. EMPLOYER FEIN 13-5598093
3. CITY, STATE and ZIP CODE New York, NY 10027	5. TELEPHONE NUMBER (212) 851-0611

### Employee Information

6. EMPLOYEE NAME	
7. HOME ADDRESS	
8. CITY, STATE and ZIP CODE	9. TELEPHONE NUMBER

### Employment Information

10. AVERAGE NUMBER OF HOURS WORKED PER WEEK (BASED ON LAST 8 WEEKS)	12. IS THIS JOB TEMPORARY? <input type="checkbox"/> YES <input type="checkbox"/> NO
11. AVERAGE NUMBER OF DAYS WORKED PER WEEK (BASED ON LAST 8 WEEKS)	IF YES, HOW LONG IS THE JOB EXPECTED TO LAST?

### Employee Affirmation

- I would like to waive paid family leave coverage at this time because (select one):
  - I regularly work 20 hours or more per week, but will not work 26 consecutive weeks (6 months) for this employer.
  - I regularly work less than 20 hours per week, but will not work 175 days in 52 consecutive weeks (a year) for this employer.
- I understand that this waiver is revoked if my work schedule changes and it is anticipated I will work more than 20 hours per week for 6 months, or will work less than 20 hours per week but at least 175 days in a 52 consecutive week period (1 year).
- I understand that this waiver is **OPTIONAL AND REVOCABLE**.
  - (a) My employer may not force me to opt out of paid family leave benefits.
  - (b) I may decide later to revoke this waiver even if my schedule does not change.
- I also understand if this waiver is revoked (either by me or by a change in my work schedule), my employer may take retroactive deductions for the period of time I was covered by this waiver, and this period of time counts towards my eligibility for paid family leave.

### Certification

I certify to the best of my knowledge the foregoing statements are complete and true.

Employer's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

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

**Please note:** Employer must keep a copy of the fully executed waiver on file for as long as the employee remains in employment with the covered employer.

**Opting Out of Paid Family Leave (12 NYCRR 380-2.6)**

- (a) An employee of a covered employer shall be provided the option to file a waiver of family leave benefits:
  - (i) When his or her regular employment schedule is 20 hours or more per week but the employee will not work 26 consecutive weeks, or
  - (ii) When his or her regular employment schedule is less than 20 hours per week and the employee will not work 175 days in a 52 consecutive week period.
- (b) Within eight weeks of any change in the regular work schedule for an employee that requires the employee to continue working for 26 consecutive weeks or 175 days in a 52 consecutive week period, any waiver filed under this section shall be deemed revoked. An employee of a covered employer whose waiver has been revoked shall be obligated to begin making contributions to the cost of family leave benefits, including any retroactive amounts due from date of hire, pursuant to Section 209 of the Workers' Compensation Law, as soon as the employee is notified by the covered employer of such obligation.
- (c) The covered employer shall keep a copy of the fully executed waiver on file to be produced at the request of the Chair, for as long as the employee remains in employment with the covered employer.
- (d) An employee as described in Subsection (a) of this Section who elects not to enter into a waiver shall make regular family benefit contributions for the full duration of his or her employment with the covered employer, and the covered employer shall be obligated to provide family leave benefits for such employee when he or she is eligible pursuant to this Title.

**Calculating Average Hours/Days Worked**

To determine the average number of hours worked per week:  
 Add all hours worked for the past 8 weeks then divide the total by 8.

To determine the average number of days worked per week:  
 Add all days worked for the past 8 weeks then divide the total by 8.

**Example:**

Week Worked	Hours Worked	Days Worked
Week 1	16	2
Week 2	24	3
Week 3	16	2
Week 4	16	2
Week 5	8	1
Week 6	24	3
Week 7	16	2
Week 8	8	1
<b>Total</b>	<b>128</b>	<b>16</b>
	Divide by 8	Divide by 8
<b>Average Per Week</b>	<b>16</b>	<b>2</b>

Name: \_\_\_\_\_

UNI: \_\_\_\_\_ Standard Weekly Hours: \_\_\_\_\_

Department: \_\_\_\_\_

Period Covered _____ to _____					
Day	In	Out	In	Out	Total Hours
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Period Covered _____ to _____					
Day	In	Out	In	Out	Total Hours
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Total Hours Worked: \_\_\_\_\_

Total Hours Worked: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature and Date:

\_\_\_\_\_  
Supervisor/Administrator Signature and Date

Comments:

**Summary of NYC Sick Leave** *(To Be Completed by Supervisor, Departmental Administrator or HR Manager)*

	<i>Prior Balance</i>	<i>PLUS Additional Time Earned (If Any)</i>	<i>MINUS Total Used</i>	<i>New Balance (As of the End of the Current Bi-weekly Pay Cycle)</i>
NYC Sick Leave (Fiscal Year)				

**Instructions:**

Hourly Officers are part-time employees and are paid on the **bi-weekly payroll**, not the semi-monthly payroll.

This form must be completed for each Hourly Officer, signed by the employee and submitted to the employee's supervisor at the close of each two week period, where it is signed by the supervisor. For the payroll calendar, please go to: <http://hr.columbia.edu/time-and-attendance-forms-hourly-officers>.

**Please Note:**

Completion of time sheets is a legal requirement of the Fair Labor Standards Act.

Columbia University complies with the New York City Earned Sick Time Act by providing eligible faculty and staff the ability to accrue up to a maximum of 40 hours per fiscal year in paid sick time, which can be used for illness or preventative care of one's self or one's family members (defined under the Act to mean the employee's child, spouse, domestic partner, parent, sibling (including a half sibling, step sibling, or sibling related through adoption), grandchild, grandparent, or the child or parent of an employee's spouse or domestic partner).

For more information on the NYC Sick Leave, please see the New York City Earned Sick Time Act Policy in the Administrative Policy Library at <http://policylibrary.columbia.edu/new-york-city-earned-sick-time-act>.

# Tracking Officer Time-off -- Morningside

Officer Name \_\_\_\_\_ Department \_\_\_\_\_  
 Fiscal Year Begins July 1, 2018 Fiscal Year Ends June 30, 2019 Hire/Sen Date \_\_\_\_\_  
 Carry-over Vacation Days: 0.0 Carry-over Personal Days: 0.0

Carry-over days cannot exceed the vacation and personal days earned in the prior fiscal year. For full-time Officers the maximum vacation days entered on this summary would be 23 or 28 and the maximum personal days would be 3.

**Log**  
 Leave the spaces at right blank for days attended full-time. For days absent, enter the following codes:  
**V** = Vacation (days & 1/2 days)  
**PD** = Personal Day (days & 1/2 days)  
**SL** = Sick Leave (days & 1/2 days)  
**NSL** = NYC Safe/Sick Leave (in hrs)\*  
**LV** = Leave of Absence (days & 1/2 days) (i.e. Personal, Military, Workers' Comp - explain in "Comments")  
 H = Holiday  
 D = Death in the Family  
 J = Jury Duty  
 O = Other - explain in "Comments"  
 AWOP = Absent without Pay  
**\*NYC Safe/Sick Leave (in hours)**  
 Officers are eligible to take up to 40 hours NYC safe/sick leave per year. If entered hours exceeds 40, an error message appears and the additional hours must be reallocated.

See "Instructions" on the HR web site for guidance regarding this automatic calculation form.  
 See "General Guidelines" on the web site for a summary of University policy regarding officer time-off.

**Approvals**  
 I hereby certify that the time-off recorded here is in accordance with University policies.

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
1							H						
2													
3			H										
4	H												
5													
6					H								
7													
8													
9													
10													
11													
12													
13													
14													
15													
16													
17													
18													
19													
20													
21							H						
22					H								
23					H								
24						H							
25						H							
26													
27											H		
28													
29													
30													
31						H							
<b>Total</b>													

<b>Officer Signature</b>	Vacation Days Used	0	0	0	0	0	0	0	0	0	0	0	0	<b>0.0</b>
<b>Date:</b>	Personal Days Used	0	0	0	0	0	0	0	0	0	0	0	0	<b>0.0</b>
	Sick Leave Used	0	0	0	0	0	0	0	0	0	0	0	0	<b>0.0</b>
	NYC Safe/Sick Hrs Used*	0	0	0	0	0	0	0	0	0	0	0	0	<b>0.0</b>

<b>Supervisor Signature</b>	Officer Initials												
<b>Name:</b>	Supervisor Initials												
<b>Date:</b>	Date (mm/dd)												

**Summary - Vacation Days**

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Carry
Starting Balance	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	<b>0.0</b>
Plus Days Earned	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Minus Days Used	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
<b>New Balance</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	

**Summary - Personal Days**

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Carry
Starting Balance	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	<b>0.0</b>
Plus Days Earned	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
Minus Days Used	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
<b>New Balance</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	

**Leaves - Accrual Mgmt**

On Leave? (Y / N)	N	N	N	N	N	N	N	N	N	N	N	N
-------------------	---	---	---	---	---	---	---	---	---	---	---	---

**Comments:**

Employee Name \_\_\_\_\_

Employee ID \_\_\_\_\_

Department/Admin Unit \_\_\_\_\_

Total Hours Worked in Period \_\_\_\_\_

ComboCode or ChartString (Optional):

ComboCode

Unit	Account	Dept.	PC Bus unit	Project	Activity	Initiative	Segment	Site

Week 1: Period Covered: \_\_\_\_\_ to \_\_\_\_\_

Week 2: Period Covered: \_\_\_\_\_ to \_\_\_\_\_

Day	In	Out	In	Out	Total Hours	Supervisor Initials/Note
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Total Regular Hours						
Approved Overtime Hours						

Day	In	Out	In	Out	Total Hours	Supervisor Initials/Note
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Total Regular Hours						
Approved Overtime Hours						

Employee signature: \_\_\_\_\_

Supervisor Signature and Date: \_\_\_\_\_

	Prior Balance	PLUS Additional Time Earned (If Any)	MINUS Total Used	New Balance (As of the End of the Current Bi-weekly Pay Cycle)
NYC Sick Leave (Fiscal Year)				

**Instructions:** Enter (digitally or in ink) time in and out, and hours worked on a daily basis.

Any employee who works more than five hours must take at least a 30-minute break and exclude this time from the total hours.

**Please Note:**

Completion of time sheets is a legal requirement of the Fair Labor Standards Act and a negotiated contractual requirement. This form must be prepared for each casual employee, signed by the employee, and submitted to the employee's supervisor at the close of each two - week period, where it is signed by the supervisor. The hours must then be entered into FFE for the employee. For the payroll calendar, please go to: <http://finance.columbia.edu/content/payroll-calendar>.

Columbia University complies with the New York City Earned Sick Time Act by providing eligible faculty and staff the ability to accrue up to a maximum of 40 hours per fiscal year in paid sick time, which can be used for illness or preventative care of one's self or one's family members (defined under the Act to mean the employee's child, spouse, domestic partner, parent, sibling (including a half sibling, step sibling, or sibling related through adoption), grandchild, grandparent, or the child or parent of an employee's spouse or domestic partner).

Casual employees are eligible for paid sick leave at a rate of 1 hour for every 30 hours worked, up to a maximum of 40 hours in a year. This time must be taken in 1-hour increments.

For more information on the NYC Sick Leave, please see the New York City Earned Sick Time Act Policy in the Administrative Policy Library at <http://policylibrary.columbia.edu/new-york-city-earned-sick-time-act>.

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_

**To Be Completed by Employee**

**To Be Completed by Supervisor,  
Departmental Administrator  
or HR Manager**

Week Beginning (mm/dd/yyyy): <u>  /  /  </u>				Hours Worked	Credited Time-off	Code	Total Time
In	Out	In	Out				
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Weekly Total: Regular Hours							
Weekly Total: Overtime (if any)							

Week Beginning (mm/dd/yyyy): <u>  /  /  </u>				Hours Worked	Credited Time-off	Code	Total Time
In	Out	In	Out				
Monday							
Tuesday							
Wednesday							
Thursday							
Friday							
Saturday							
Sunday							
Weekly Total: Regular Hours							
Weekly Total: Overtime (if any)							

**Comments**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature/Authorization: \_\_\_\_\_ Date: \_\_\_\_\_

**Summary of Benefits (To Be Completed by Supervisor, Departmental Administrator or HR Manager)**

	Prior Balance	PLUS Additional Time Earned (If Any)	MINUS Total Used	New Balance (As of the End of the Current Bi-weekly Pay Cycle)
Sick Leave (Anniversary Year)		+	-	=
Personal Days (Anniversary Year)		+	-	=
Vacation* (Fiscal Year)		+	-	=
New York City Sick Leave (Fiscal Year) <i>NUSS only</i>		+	-	=

\* **Remember:** Vacation earned in one fiscal year (July 1 – June 30) must be scheduled and approved and used by June 30 of the following fiscal year. Employees do not accrue sick leave or vacation, nor are they entitled to holiday pay, during an unpaid leave of absence.

# Instructions for Completing Record of Hours Worked: Bi-Weekly Support Staff

## Employee

- On a daily basis, fill in your actual time of arrival (when you began your work day), the times you leave for and return from your meal break, your time of departure (end of work day), and the total hours you worked (**Note:** Total daily hours worked do not include mealbreaks).
- At the end of the bi-weekly pay period, enter your total regular hours worked as well as any overtime authorized by your supervisor. Sign and date the form and turn it in to your supervisor.
- Your supervisor will complete the form and return a copy to you for your records.

## Supervisor

- Review and verify times of arrival and departure in the “To Be Completed by Employee” table.  
Any discrepancies should be discussed with the employee. Do not erase or alter the employee’s entries. Annotate the record with your corrections and review the changes with the employee.
- In the “To Be Completed by Supervisor” table:
  - For absences that are approved or covered under an announced policy or the terms of a collective bargaining agreement, indicate the number of hours of credited time-off in the “To Be Completed by Supervisor” table, along with the appropriate code:

**V** = Vacation

**H** = Holiday

**PD** = Personal Day

**PL** = Personal Leave

**SL** = Sick Leave

**NSL** = New York City Sick Leave (*Non-Union Support Staff Only*)

**WC** = Workers’ Compensation

**CT** = Compensatory Time

**J** = Jury Duty

**D** = Death in the Family

**MWP** = Military Leave With Pay

**MWOP** = Military Leave Without Pay

**AWOP** = Absent without Pay

**O** = Other (Explain)

Enter the total number of credited hours—that is, “Hours Worked” plus “Credited Time-off”—in the last column, and total the hours at the bottom of the table.

- Update the “Summary of Benefits” as appropriate.

## Notes:

1. Regular part-time support staff members are entitled to pro-rated sick leave, vacation and personal days based on the number of hours worked per week. For administrative purposes, regardless of the number of hours a regular part-time employee works per day, his/her earned benefit “day” is equal to 1/5th the total hours of the work week. Accumulations, therefore, should be maintained in hours. Actual time lost should be charged against the appropriate hourly balance.
  2. Non-Union Support staff are eligible for up to 40 hours per year in New York City Sick Leave. Please review the full policy at <http://policylibrary.columbia.edu/new-york-city-earned-sick-time-act>.
- Sign the form and give a copy to the employee for their records.

## For More Information:

- For more information, consult the applicable collective bargaining agreement. Non-union support staff should consult the University’s *Personnel Policy Manual*.

Employee Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Department/Administrative Unit: \_\_\_\_\_

Total Hours Worked: \_\_\_\_\_

Week 1		
Period Covered	to	
Total Hours	Notes/Comments	
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Week 2		
Period Covered	to	
Total Hours	Notes/Comments	
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Total Hours Worked\*: \_\_\_\_\_

Total Hours Worked\*: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature and Date:

\_\_\_\_\_  
Supervisor/Administrator Signature and Date

**Summary of NYC Sick Leave** (To Be Completed by Supervisor, Departmental Administrator or HR Manager)

	Prior Balance	PLUS Additional Time Earned (If Any)	MINUS Total Used	New Balance (As of the End of the Current Bi-weekly Pay Cycle)
NYC Sick Leave (Fiscal Year)				

**Instructions:**

Variable-hours Officers are part-time employees and are paid on the **bi-weekly payroll**, not the semi-monthly payroll.

This form must be completed for each Variable-hours Officer, signed by the employee and submitted to the employee's supervisor at the close of each two week period, where it is signed by the supervisor. The hours must be entered into FFE for the employee. For the payroll calendar, please go to: <http://finance.columbia.edu/controller/payroll/index.html>.

**\*Please Note: Variable-hours Officers are limited to no more than 999 hours in 12 months from the anniversary hire date (i.e., on average less than 20 hours per week).**

**Please Note:**

Completion of time sheets is a legal requirement of the Fair Labor Standards Act and a negotiated contractual requirement.

Columbia University complies with the New York City Earned Sick Time Act by providing eligible faculty and staff the ability to accrue up to a maximum of 40 hours per fiscal year in paid sick time, which can be used for illness or preventative care of one's self or one's family members (defined under the Act to mean the employee's child, spouse, domestic partner, parent, sibling (including a half sibling, step sibling, or sibling related through adoption), grandchild, grandparent, or the child or parent of an employee's spouse or domestic partner).

Variable hour officers are eligible for paid sick leave at a rate of 1 hour for every 30 hours worked, up to a maximum of 40 hours in a year. This time must be taken in 1-hour increments.

For more information on the NYC Sick Leave, please see the New York City Earned Sick Time Act Policy in the Administrative Policy Library at <http://policylibrary.columbia.edu/new-york-city-earned-sick-time-act>.