

FJA-1
(Functional Job Analysis)

TEAR-OFF COVER SHEET
(Do Not print this document double sided.)

In order to properly track the process of reclassification requests submitted by employees, it is necessary to complete this tear-off cover sheet and submit it directly to the Bureau of Human Resources at the time the FJA-1 is submitted to the supervisor for their signature.

The names, titles, and dates entered on this sheet should be the same as the corresponding information on page 1 of this FJA-1 form.

Only the tear-off cover sheet should be submitted directly to the Bureau of Human Resources; the remainder of the FJA-1 should be processed through the Agency's Personnel Office.

<i>(Employee's name - please type or print legibly)</i>	<i>(Title)</i>	<i>(Date submitted to supervisor)</i>

<i>(Supervisor's name - please type or print legibly)</i>	<i>(Title)</i>

(Employee's signature)

BUREAU OF HUMAN RESOURCES
#4 STATE HOUSE STATION
AUGUSTA, ME 04333-0004

FJA-1 Functional Job Analysis STATE OF MAINE - BUREAU OF HUMAN RESOURCES	<u>POSITION NUMBER</u> (Leave Blank)
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TO BE COMPLETED BY DIRECTOR, BUREAU OF HUMAN RESOURCES

TYPE OF POSITION: CLASSIFIED UNCLASSIFIED

ASSIGNED CLASS TITLE and if applicable, WORKING TITLE	ASSIGNED RANGE
SIGNATURE OF DIRECTOR, BUREAU OF HUMAN RESOURCES	DATE

TO BE COMPLETED BY EMPLOYEE OR AGENCY PERSONNEL UNIT

TYPE OF REQUEST <input type="checkbox"/> NEW POSITION <input type="checkbox"/> RECLASSIFICATION <input type="checkbox"/> RANGE CHANGE <input type="checkbox"/> NEW CLASSIFICATION		TYPE OF POSITION <input type="checkbox"/> CLASSIFIED <input type="checkbox"/> UNCLASSIFIED (include statutory reference)	
EMPLOYEE NAME		LOCATION OF POSITION	TELEPHONE NO.
PRESENT TITLE	RANGE	NAME OF SUPERVISOR	TELEPHONE NO.
DEPARTMENT		BUREAU/DIVISION	

I certify that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships, and that the position is necessary to carry out government functions. This certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds, and that false or misleading statements may constitute violation of such statutes or their implementing regulations.

SIGNATURE OF INCUMBENT	DATE
SIGNATURE OF IMMEDIATE SUPERVISOR	DATE
SIGNATURE OF AGENCY PERSONNEL DESIGNATE	DATE

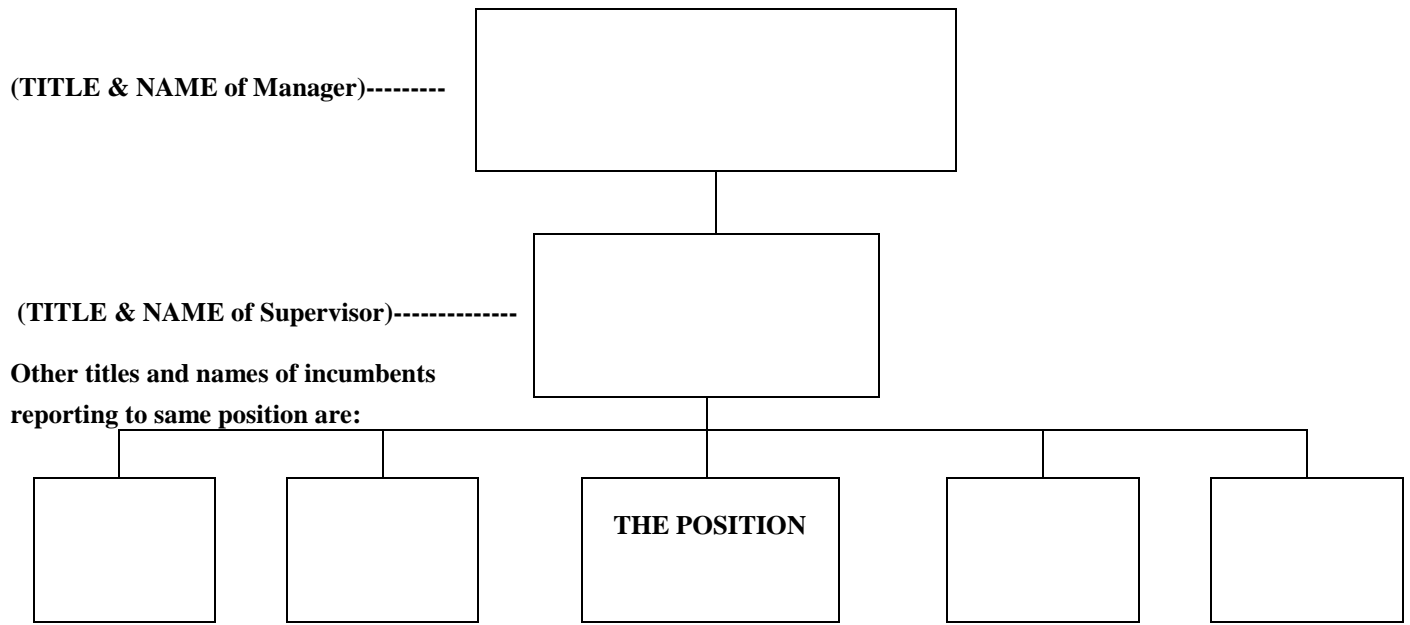
My signature below does not imply that I agree that this is an accurate statement of the major duties and responsibilities of this position and its organizational relationships. My signature only certifies that I approve this document for processing.

SIGNATURE OF AGENCY COMMISSIONER	DATE
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Signatures of the IMMEDIATE SUPERVISOR, AGENCY PERSONNEL DESIGNATE, and AGENCY COMMISSIONER must be present before submission to BHR. In the event the Immediate Supervisor and/or other certifying officials disagree with the content of the FJA-1 and agreement cannot be reached with the incumbent, a memo specifying the differences ***must*** accompany the FJA-1.

Document Revision History
 05/17 Revised Document

1. Complete the wire diagram to show **THE POSITION** within the organizational structure OR attach the Department's current Organizational Chart.



2. Who does **THE POSITION** supervise (list titles and position numbers.) and what responsibilities are delegated by **THE POSITION** listed to the positions supervised?

3. Primary purpose of **THE POSITION** (Why does it exist?)

4. List the types of decisions **THE POSITION** has authority to make.

5. In your own words, list knowledge and abilities essential to **THE POSITION**.

6. Amount of dollars for which THE POSITION is directly accountable.		DOLLAR IMPACT \$
7. Justification for request; identify changes to THE POSITION and/or reason(s) for the request.		
8. Requested Job Classification Code, Title, and Range (if known).		
9. In your own words, list THE POSITION responsibilities		
Task #	Task	
<i>Example 1</i>	<i>Develops project proposals using state and federal guidelines in order to obtain funding for the agency.</i>	

INSTRUCTIONS FOR COMPLETING THE FJA-1

(Updated May 2017)

The Functional Job Analysis (FJA-1) is designed to provide Agency personnel with a uniform method of describing work content. An individual Position Detail Record (PDR) for each position involved must accompany the FJA-1. The PDR form will be attached by the Agency Personnel Unit. If the FJA-1 is to establish a new position, the Agency will submit a PER-51.

TEAR-OFF COVER SHEET

The tear-off cover sheet is required in order for the Bureau of Human Resources to properly track the process of reclassification requests submitted by employees. The employee completing the FJA-1 must complete and submit the tear-off cover sheet directly to the Bureau of Human Resources at the time the FJA-1 is submitted to the supervisor for their signature; the rest of the FJA-1 should be processed through the agency's Personnel Office.

GENERAL INFORMATION

PART I AND II - TO BE COMPLETED BY DIRECTOR BUREAU OF HUMAN RESOURCES AND AUTHORIZED AGENCY PERSONNEL UNIT.

Complete as indicated, noting geographic location / building & room number under LOCATION OF POSITION. Signatures of the IMMEDIATE SUPERVISOR, AGENCY PERSONNEL DESIGNATE, AND AGENCY COMMISSIONER must be present before submission to BHR. In the event the Immediate Supervisor and/or other certifying officials disagree with the content of the FJA-1 and agreement cannot be reached with the incumbent, a memo specifying the differences ***must*** accompany the FJA-1.

- Item 1** List the smallest operating unit (section, division, bureau, etc.) containing the position and provide a brief description of the unit's assigned function.
- Item 2** Complete as specified. Be sure to use proper classification titles, not local or in-house titles. Be as complete as possible. If possible, attach an official organization chart.
- Item 3** Provide the primary purpose of the position.
- Item 4** Give examples of the kinds of decisions made, showing how they are limited by policies or higher authority.
- Item 5** List the essential knowledge and abilities necessary to perform the tasks listed under item 10.
- Item 6** Provide the dollar impact of the position.
- Item 7** For all reclassification and range change requests, list all duties and responsibilities which have been added to/deleted from the position and which may impact its current classification or range. For new positions, indicate the reason(s) the position is required (e.g. departmental/unit reorganization, redistribution of existing duties, new program, etc.). Include any statutory/legislative authority for establishing the position.
- Item 8** Indicate the Job Classification, Code, Title and Range desired. (if known).
- Item 9** List tasks which are specific and the most important and critical to the position(s). The percentage of time typically spent on each task ***must*** be provided and total should equal 100%.

**No action will be taken by the Bureau of Human Resources (BHR)
unless the FJA-1 is properly completed, signed, and processed.**