WICHITA STATE UNIVERSITY

Teaching Supplemental Information
Rev. 01/2022

Employee Group: Temporary Faculty Rank: Full

Position Title:

Position Number: FTE:

Has this Employee previously supervised at WSU: No

Employee(s) this Position will supervise (if applicable)

If you have more than 8 employees to be supervised, please attach the Change of Supervisor form.

WSU ID	Name	Position Number		WSU ID	Name	Position Number

Division:

Department: Org. #:

Employee's Supervisor (name, and myWSU ID and position number):

Campus Address (room number & building):

Campus Box Number: Campus Phone Number (format: xxx-xxx-xxxx):

Is this work completed primarily in person or remotely:

**If remotely and is outside the state of KS or while on an H1B in addition please fill out Remote Work Request form.

Regular Hours of Work (i.e. hours, days, exceptions):

For Human Resources Use Only:
FLSA Designation: Non-Exempt SOC Code: HR Initials: Date:

Summary of Responsibilities:

1.
2.
3. (add or remove numbers as needed)

Minimum Education Requirements:

Minimum Experience Requirements:

1.
2.
3. (add or remove numbers as needed)

Required Licenses, Certifications & Registrations:

Required Knowledge, Skills and Abilities:

1.
2.
3.
4.
5. (add or remove numbers as needed)

Preferred Education Requirements:

Preferred Experience Requirements:

1.
2.
3.
4.
5. (add or remove numbers as needed)

Job Duties:

	% of Duty	**Responsibility/Duty** should be grouped to indicate a minimum of 5% of time spent on each duty.	**Importance** **Essential (E)** **Minimal (M)**
1.		Teaching:	
2.		Research:	
3.		Service:	
4. 5. 6. (add/remove as needed)		4. 5. 6. (add or remove numbers as needed)	4. 5. 6. (add/remove as needed)

Physical Job Requirements: (Frequency = daily, weekly, monthly or periodically)

Activity	Frequency	Activity	Frequency
☐ walking/running/jumping	_____	☐ standing	_____
☐ squatting	_____	☐ vocal ability	_____
☐ crawling/kneeling	_____	☐ grasping	_____
☐ pushing/pulling/reaching	_____	☐ vision - straight ahead/peripheral/color	_____
☐ stooping	_____	☐ visual acuity – far & near	_____
☐ climbing	_____	☐ body coordination/balancing at heights	_____
☐ handling/feeling	_____	☐ repetitive movement	_____
☐ lifting _____ pounds	_____	☐ hearing	_____
☐ sliding _____ pounds	_____	☐ sitting	_____
☐ carry _____ pounds	_____	☐ other: _____	_____

Explain Physical Job Requirements:

Environmental Factors: What hazards, risks or discomforts exist on the job or in the work environment (i.e. noise, temperature, dust, lighting, chemicals, etc.)?