**POSITION DESCRIPTION**

Position descriptions are the foundation for recruiting, classification decisions and performance evaluations. A position description is maintained in Human Resource Management for all staff and management employees describing current job duties and responsibilities. Position descriptions should be updated as needed to reflect current duties and submitted to Human Resource Management for review. New employees should review and discuss their position description with their Appropriate Administrator.

**Action Requested**: *Organizational Chart required for all actions.*

Review of a new or vacant position

Initiate a classification review

Update an existing position description (no review requested)

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| **Name of incumbent** *(if filled position):* | | |
| *If vacant*, *name of previous incumbent*: | | |
| **Working Title:** | | |
| **Classification Title:** | | |
| **Department Name:** | | **Division:** Choose an item. |
| **Appropriate Administrator/Supervisor Title:** | | |
| **Position Number:** | **Job Code:** | **Grade Level:** |
| **Time Base:** | **FLSA Status:** Choose an item. | |

**Position Summary**: *In a few sentences, briefly describe the primary function of the position.*

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**Major Duties:**

*Describe the major responsibilities assigned to this position (typically 5 to 7) listing them in order of importance. Indicate the approximate percentage of time spent in each area of responsibility, estimated over a year timeframe (Minimum of 5% for a given duty. Primary responsibilities should represent the majority of the time allocation, with the total equaling 100%). Miscellaneous or other duties should be 5%.*

*Indicate duties, which are “****essential functions****” by checking the Essential Function box in the right column.*

*The Americans with Disabilities Act (ADA) provides that there shall not be a barrier to employment for an otherwise qualified disabled individual who is able to perform the “****essential functions****”, which is intrinsic to the work.* ***A function may be essential because******1)*** *the position was established to perform the function;* ***2)*** *a limited number of employees are available to perform the function; and/or* ***3)*** *removing the function would fundamentally change the position.  (Example: A receptionist must be able to respond to in-person, telephone and electronic inquiries).*

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| **Description of Duties** | **% of Time Total = 100** | **Essential  Function** |
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**Changes in position:** *If this is an existing position that you believe has changed, what specific duties or responsibilities have been changed, added to, or removed since the position was reviewed previously or since the incumbent was assigned?*

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**Physical Effort:** *Indicate the type of physical effort which is essential to the position activities:*

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| Choose an item. |

**Environmental Factors**: *Indicate the type(s) of environmental factors which are essential to the position activities:*

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| Inside (Typically Office Environment)  Frequency: Choose an item. | Extreme Temperature (hot/cold)  Frequency: Choose an item. | Elevated Work (Raised platform/scaffold)  Frequency: Choose an item. |
| Outdoor  Frequency: Choose an item. | Hazards  Frequency: Choose an item. |  |

**Supervision Received:** *Indicate the level of supervision received by the position from the Appropriate Administrator.*

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| Choose an item. |

**Supervision Exercised:** *Indicate the type of supervisory responsibilities that are associated with the position.*

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| Choose an item. |

**Specialized Materials:** *The position may require the use of the following equipment, machinery, tools, vehicles or office equipment:*

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**Special Working Conditions**: *List any overtime requirements, 24/7 on–call, work schedule, etc.*

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**Knowledge, Skills, and Abilities:**

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**Experience and Education:**

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**Preferred Qualifications and/or Specialized Skills and Abilities**: (if none, write N/A)**:**

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**Signatures**:*(Acknowledgement that I have read and received this document)*

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| **Name of Employee:** | **Signature:** | **Date:** |
| **Name of Supervisor/Dept. Manager:** | **Signature:** | **Date:** |

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| **For HR Use Only** Classified By:       Date:  General Reporter Limited Reporter  Background Check Fingerprints Physical Exam  Driver’s License Conflict of Interest  MPP Job Code |