

# Position Description

Read each heading carefully before proceeding. Make statements simple, brief and complete. Be certain the form is signed. Send the original to the Division of Personnel Services.

**CHECK ONE:**  NEW POSITION  EXISTING POSITION

PART I – Items 1 through 12 to be completed by department head or personnel office.		
1. Agency Name	9. <del>AP</del> Position Number	10. Budget Program Number
2. Employee Name (leave blank if position vacant)	11. Present Class Title (if existing position)	
3. Division	12. Proposed Class Title	
4. Section	13. Allocation	
5. Unit	14. Effective Date	
6. Location (where employee works) City: _____ County: _____	15. By: _____	Approved: _____
7. Check appropriate time: <input type="checkbox"/> Full time <input type="checkbox"/> Permanent <input type="checkbox"/> Intermittent <input type="checkbox"/> Part time <input type="checkbox"/> Temporary <input type="checkbox"/> Percent: _____	16. Audit Date: _____ By: _____ Date: _____ By: _____	
8. Regular hours of work FROM: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM TO: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	17. Audit Date: _____ By: _____ Date: _____ By: _____	

Agency Number:

Position Number:

**For Use By Personnel Office**

**PART II – To be completed by department head, personnel office or supervisor of the position.**

18. If this is a request to reallocate a position, briefly describe the reorganization, reassignment of work, new function added by law or other factors which changed the duties and responsibilities of the position:

19. Who is the supervisor of this position (person who assigns work, gives directions, answers questions and is directly in charge)?

<b>Name</b>	<b>Title</b>	<b>Position Number</b>
-------------	--------------	------------------------

Who evaluates the work of an incumbent in this position?

<b>Name</b>	<b>Title</b>	<b>Position Number</b>
-------------	--------------	------------------------

20. a) How much latitude is allowed employee in completing the work? b) What kinds of instructions, methods and guidelines are given to the employee in this position to help do the work? c) State how and in what detail assignments are made:

21. Describe the work of this position **using this page or one additional page only**. Use the following format for describing job duties:

**What** is the action being done (use an action verb); to **whom** or **what** is the action directed (object of action); **why** is the action being done (be brief); **how** is the action being done (be brief). For each task state: Who reviews it? How often? What is it reviewed for?

**Number each task and indicate percent of time:**

No. and %	Job Duties



**PART III – To be completed by the department head or personnel office.**

27. List the minimum amounts of education and experience which you believe to be necessary for an employee to begin employment in this position:

Education – general:

Education or training – special or professional:

Licenses, certificates and registrations:

Special knowledge, skills and abilities:

Experience – length in years and kind:

**28. SPECIAL QUALIFICATIONS**

State any additional qualifications for this position that are necessary either as a physical requirement of an incumbent on the job, a necessary special requirement, a bona fide occupational qualification (BFOQ) or other requirement that does not contradict the education and experience statement on the class specification. A special requirement must be listed here in order to obtain selective certification.

_____ Signature of Employee	_____ Date	_____ Signature of Personnel Official	_____ Date
_____ Signature of Supervisor	_____ Date	_____ Signature of Agency Head or Appointing Authority	_____ Date