**STAFF POSITION DESCRIPTION FORM**



**Instructions:** *This form should be completed for all new and vacant staff positions. The form is also used to request a classification review of a currently filled position, or to update a position description with no review requested. After completion of the form, a signed copy should be given to the employee (if the position is filled), one copy placed in the department files, and one copy forwarded to the Office of Human Resources, Mail Drop 8229.*

**A. Action Requested**

Establishment of a new position

Fill a current vacant position

Initiate a classification review of a filled or vacant position

Update an existing position description (no review requested)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of current incumbent** *(if filled position):* | | | **Employee ID #** | |
| *If vacant*, *name of previous incumbent*: | | | | |
| **Job (Classification) Title:** | | **Job Code:** | **Position Number:** | |
| **Working Title** *(optional***):** | | | | |
| **Department Code:** | **Department Name:** | | | **Time Base:**  1.0 |

**B. Position Summary**: *Please describe the primary function of the position.*

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**C. Major Duties:**

*List the most significant duties of this position in order of importance. Indicate the approximate percentage of time spent in each area of responsibility.*

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| --- | --- |
| **Description of duties** | **% of Time Total = 100** |
|  |  |
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**D. Equipment:**

*List any special machines, tools, and equipment that must be used on a regular basis.* ***Note:*** *This section must be completed for any Information Technology (IT) positions. IT positions include Analyst/Programmer, Information Technology Consultant, Operating Systems Analyst, Network Analyst, Operations Specialist, and Equipment Systems Specialist.*

|  |  |  |
| --- | --- | --- |
| **Computer/Systems** | **Software/Applications** | **Purpose and Desired Results** |
|  |  |  |
|  |  |  |
|  |  |  |

**E. Additional Knowledge, Skills, Experience and/or Licenses:**

*Note any additional knowledge, skills, experience, certificates, education, or licenses that are required or that you think are important for this position.*

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**F. Supervision**

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| --- | --- |
| **Name of Supervisor:** | **Job (Classification) Title:** |

*List name and title of employees that this position will supervise directly (if applicable):*

|  |  |
| --- | --- |
| **Name** | **Job Title** |
|  |  |
|  |  |

**G. Classification:**

*Complete this section only if you are requesting a classification review of the position.*

*This study is initiated by (name – please print or complete electronically):*

|  |  |  |
| --- | --- | --- |
| **Employee Name:** | ***or*** | **Manager’s Name:** |

**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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**Additional comments:**

*(Completion by employee and/or supervisor is optional.) Clarify duties assigned and/or include any additional information that you think would be helpful in the review of this position.*

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**H. Signatures (Acknowledgement that the information is accurate)**

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| --- | --- | --- | --- |
| **Name of Employee:** | **Signature:** | **Date:** | **Extension:** |
| **Name of Supervisor/Dept. Manager:** | **Signature:** | **Date:** | **Extension:** |
| **Name of Director/Dean/MAR:** | **Signature:** | **Date:** | **Extension:** |
| **Name of Vice President/President:** | **Signature:** | **Date:** | **Extension:** |