



The University Corporation
 Research, Investments and Commercial Services
 California State University, Northridge

POSITION DESCRIPTION FORM THE UNIVERSITY CORPORATION

Instructions to Supervisors/Managers: This form is the official duty statement for positions. This form should be attached to requisitions for vacant positions or new positions. The form should also be provided to each new incumbent under your direction with 30 days from the date of hire. All sections of the form should be completed. The signature of the manager or supervisor authorizes the assigned duties and responsibilities. The signature of the employee indicates they have seen and read the form.

GENERAL INFORMATION:

New Position: Yes No

If Existing Position, filled by: _____

Position Title: _____

Name of Project or Program: _____

Department: _____ **School/Area:** _____

Name of Supervisor: _____ **Extension:** _____

List any special licenses, permits, or certificates that are required to perform the duties assigned to this position:

List any machines, tools, equipment (including motor vehicles) that must be operated:

Machines, etc.	How often	Estimate % of working time
_____	_____	_____
_____	_____	_____

SUPERVISION:

Name

Classification of Position

Supervisor: _____

Subordinate Staff: _____

CONTACTS: (Indicate most frequent and usual contacts required of the position.)

External: _____

Internal: _____

SCOPE OF FUNCTION AND RESPONSIBILITIES: (Give a brief general overview of the position's primary function.)

DUTIES AND RESPONSIBILITIES: (List and describe in detail the specific duties and responsibilities assigned to the position.)
Add additional sheets as necessary.

Estimated % or amount of time	Duties

ADDITIONAL KNOWLEDGE, SKILLS, and EXPERIENCE: (Note any additional knowledge, skills, experience, and education, that are required or that you think are important for this position.)

[This area is highlighted in yellow and is currently blank.]

SIGNATURES:

Please route form for appropriate signatures. Route signature copy to the Office of Human Resources. Employee and Supervisors retain copies for files.

Employee: _____ **Date:** _____

Supervisor: _____ **Date:** _____
(Project Director or Executive Employee)

Director, Research & Sponsored Projects Or
The University Corporation Director (if required) **Date:** _____