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|  | Date Revised:       |
| STAFF Position Description |

**Instructions:** C*omplete this form for all 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 forwarded to the Office of Human Resources (**hrclass-comp@csun.edu**), and the original electronic version maintained by the department.* [NOTE: This form is unlocked; you will need to **Ctrl + Click** to open links.]

**A. Action Requested**

[ ]  Request a New position OR [ ]  Fill a Vacant position *(Must initiate through online recruitment)*
[ ]  Initiate a Classification Review for a filled position

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| **Requestor:** [ ]  Employee OR [ ]  MPP Administrator  | **Name:**     |

[ ]  Update an existing position description *(no review requested)*

[ ]  New Employee/Appointment acknowledgment of the position description *(no review requested)*

 *(Employee should be given full position description within one week of start date)*

**B. Current Information**

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| **Name of current incumbent:** *(if filled)*       | **Employee ID #:**       |
|  *Or if vacant*, *name of previous incumbent*:       |
| **Classification Title:**        | **Job Code:**       | **Grade:**   | **Position #:**       |
| **Working Title:** *(optional*)      | [**FLSA**](https://www.csun.edu/sites/default/files/CSU-Staff-Job-Codes.pdf) **Status:** Choose an item.*(See link to* [***CSU FLSA/Job Code List***](https://www.csun.edu/sites/default/files/CSU-Staff-Job-Codes.pdf)*)* |
| **Department ID:**       | **Department Name:**       | **Time Base:**       |
| **Lead** *(Staff lead, if applicable)***Name:**       | **Classification Title:**       | **Working Title:**      |
| **MPP Administrator/Department Chair** *(Reports To)***Name:**       | **Working Title:**      |

*Please attach an org chart, if requesting a reorganization (current and proposed) (See link to* [***Campus Org Chart***](https://www.csun.edu/hr/orgchart)*)*

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| **Is this a sensitive position as designated by the CSU?** [ ]  Yes [ ]  No *(See link to* [***Sensitive Positions Table***](http://www.csun.edu/sites/default/files/sensitive-positions-table1.pdf)) |

 **C. Position Purpose** *(Hint: Complete Section D. first and then summarize position’s purpose; typically between 2 to 5 sentences)*

*Please briefly describe the primary function, nature, and scope of the position.*

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**D. Major Duties**

*Describe each major set of responsibilities assigned to this position (typically 4 to 7) listing them in order of importance. Indicate the approximate percentage (minimum of 5% for a given major duty, with the total equaling 100%) of time spent in each area of responsibility, estimated over a year timeframe. Miscellaneous or other duties as assigned should be 5%.*

*Indicate duties, which are “****essential functions****” by checking the Essential box in the right column (15% or greater to be considered essential).*

*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 TimeTotal = 100** | **Essential (Minimum 15%)**  |
|       |      | [ ]  |
|       |      | [ ]  |
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|       |      | [ ]  |
| Performs other duties as assigned. | 5 | [ ]  |

**E. Physical and Cognitive Demands; and Environmental Conditions**

*Check the appropriate box for each of the following items that most accurately describes the minimum extent of the specific activity performed by this position. Based on a typical workweek.*

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| **PHYSICAL DEMANDS** | **Greater than****50%** | **Less than** **50%** | **N/A** |  |  | **Greater than****50%** | **Less than** **50%** | **N/A** |
| 1. Key Boarding and Mousing
 | [ ]  | [ ]  | [ ]  |  | 1. Lifting or Carrying
 |  |  |  |
| 1. Repetitive Motion of upper extremities
 | [ ]  | [ ]  | [ ]  |  | 1. Up to 10 lbs.
 | [ ]  | [ ]  | [ ]  |
| 1. Hearing
 | [ ]  | [ ]  | [ ]  |  | 1. Up to 25 lbs.
 | [ ]  | [ ]  | [ ]  |
| 1. Sight
 | [ ]  | [ ]  | [ ]  |  | 1. Up to 50 lbs.
 | [ ]  | [ ]  | [ ]  |
| 1. Sitting
 | [ ]  | [ ]  | [ ]  |  | 1. Over 50 lbs.
 | [ ]  | [ ]  | [ ]  |
| 1. Standing
 | [ ]  | [ ]  | [ ]  |  | 1. Pushing or Pulling
 |  |  |  |
| 1. Walking
 | [ ]  | [ ]  | [ ]  |  | 1. Up to 10 lbs.
 | [ ]  | [ ]  | [ ]  |
| 1. Bending *(from waist or neck)*
 | [ ]  | [ ]  | [ ]  |  | 1. Up to 25 lbs.
 | [ ]  | [ ]  | [ ]  |
| 1. Climbing *(Ladders, stairs or stools)*
 | [ ]  | [ ]  | [ ]  |  | 1. Up to 50 lbs.
 | [ ]  | [ ]  | [ ]  |
| 1. Stooping, Kneeling, or Squatting
 | [ ]  | [ ]  | [ ]  |  | 1. Over 50 lbs.
 | [ ]  | [ ]  | [ ]  |
| 1. Reaching
 | [ ]  | [ ]  | [ ]  |  |  |  |  |  |

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| **ENVIRONMENTAL CONDITIONS** | **Greater than****50%** | **Less than** **50%** | **N/A** |
| 1. Inside *(Typical office environment)*
 | [ ]  | [ ]  | [ ]  |
| 2. Elevated Work *(Raised platform/scaffold)* | [ ]  | [ ]  | [ ]  |
| 1. Extreme Temperature *(hot or cold)*
 | [ ]  | [ ]  | [ ]  |
| 1. Outdoor
 | [ ]  | [ ]  | [ ]  |
| 1. Hazards
 | [ ]  | [ ]  | [ ]  |

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| **OTHER**  *Describe any additional demands/conditions or special circumstances (including special schedules) that are pertinent to the position.* |
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**F. Equipment** *List any special software and machines, tools, and equipment used on a regular basis.*

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| **Type**  | **Purpose and Desired Results**  |
| *Example A1) Lawn Mower Example B1) Microsoft Word* | *Example A2) Mowing grass Example B2) Create or update documents* |
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**G. Training and/or Licenses; and Additional Experience, Knowledge, Skills, and Abilities**

**(A). Training and/or Licenses:** *List required and preferred training, licenses or certifications. If a license is required for any position outside of the* [*CSU Professional License Table*](https://www.calstate.edu/hrpims/pims/Appendix/professional_license_table.htm)*, a justification must be provided in description.* ***\*****Any CSU/CSUN “Required” training will be provided after starting the appointment.*

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|  | **Required** | **Preferred** | **N/A** |
| **\***CSU Sexual Harassment Prevention / Title IX / Data Security Training *(Required for ALL employees)* | [x]  |  |  |
| **\***CSUN Procurement Card (P-Card) Training | [ ]  | [ ]  | [ ]  |
| **\***CSUN [Defensive Driver Training](https://www.csun.edu/ehs/request-defensive-driving-powered-cart-training)  and Powered Cart/Low Speed Vehicle Safety Training (if appl) | [ ]  | [ ]  | [ ]  |
|       | [ ]  | [ ]  | [ ]  |
|       | [ ]  | [ ]  | [ ]  |
|       | [ ]  | [ ]  | [ ]  |
|       | [ ]  | [ ]  | [ ]  |
| **(B). Additional Experience, Knowledge, Skills, and Abilities:***List additional knowledge, skills, abilities and unique experience. Human Resources will determine the minimum qualifications based on the CSU Classification Standards.* |
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**H. Lead or Oversight of Other Positions**  [ ]  Yes [ ]  No (Please list below) *List positions (including Student Assistants and Volunteers) that incumbent will lead, oversee or provide direct or general work direction, if applicable. (Generally, non-MPP Staff may lead, oversee, coordinate, and provide input for hiring and evaluations to MPP Administrators. Management and supervision authority is held at the MPP Administrator level.):*

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| **Working Title** *(if applicable)* | **Classification Title** | **Position Number(s)** |
|       |       |       |
|       |       |       |
|       |       |       |
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**I. Changes in Position**

*Summarize the changes (including minor updates, additions, and removals) that have been made to the position since it was last reviewed.*

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**J. Signatures** *(Print, sign and date below)*  **EMPLOYEE** (*Acknowledgement of reading and receiving a copy of this job description*)

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| **Employee:**  | **Signature:**  | **Date:**  | **Extension:**  |
| **LEADS / MPP ADMINISTRATORS** (*Acknowledgement that the information is accurate*) |
| **Non-MPP Lead:** *(if applicable)* | **Signature:**  | **Date:**  | **Extension:**  |
| **1st level MPP Administrator/Dept. Chair:** *(required)* | **Signature:**  | **Date:**  | **Extension:**  |
| **2nd level MPP Administrator:** *(if applicable)* | **Signature:**  | **Date:**  | **Extension:**  |
| **3rd level MPP Administrator:** *(if applicable)* | **Signature:**  | **Date:**  | **Extension:**  |
| **4th level MPP Administrator:** *(if applicable)* | **Signature:**  | **Date:**  | **Extension:**  |