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|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Cabinet | Department | Division | Branch | Section | Unit | Employee |
| <input type="text"/> |

- Permanent
- Seasonal
- Temporary
- Emergency
- FFTL

POSITION DESCRIPTION

For Dept. of Personnel
Use Only

| | | |
|---|---|----------------------|
| 1. Present Title and Code: | 2. Recommended Title and Code: | Approved Class: |
| 3. <input type="checkbox"/> Filled <input type="checkbox"/> Vacant _____ <i>(Employee Name)</i> | 4. Position Location _____ <i>(City or County)</i> | Reviewer's Initials: |
| 5. Nature of Request: <input type="checkbox"/> Establishment <input type="checkbox"/> Other Specify <input type="checkbox"/> Reclassification <input type="checkbox"/> Reallocation _____ | | Date: |
| 6. Name and official title of immediate supervisor: _____ _____ <i>(Name)</i> <i>(Title)</i> | | |
| 7. Work performed. Use simple, non-technical words to describe each duty performed. (If you use an abbreviation or acronym, explain it the first time used.) Describe specifically what is done and the purpose of the duty. Use a separate paragraph for each duty, begin with the duty that takes up most of the time and end with those duties that are occasional or special assignments. In the column on the left, estimate the percent of time spent on each duty. | | |
| % of Time | DUTIES | |
| | | |

8. I certify that these are the duties and responsibilities of this position.

Signature of Employee (If Filled)

Date

ITEMS 9-18 MUST BE COMPLETED BY THIS POSITION'S IMMEDIATE SUPERVISOR AND MUST REFLECT THE RESPONSIBILITIES OF THE POSITION DESCRIBED IN ITEMS 1-7

9. Are items 1-7 accurate? Yes No If no explain: _____

10. a. Does this position supervise or coordinate the work of others? Yes No If yes, what percent of time is spent in such activities _____ %
b. In the space below indicate the position number and titles of these positions. Use separate sheet if necessary.

| Position Number | Title | Position Number | Title |
|-----------------|-------|-----------------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

11. Describe the responsibility for following, interpreting, enforcing, and/or developing policies and procedures. _____

12. Describe the purpose and frequency of personal contacts with others outside the organizational unit. _____

13. Describe the responsibility for compiling, preparing, reviewing, filing, maintaining and/or safeguarding records and reports. _____

14. Describe the responsibility for the operation, maintenance and/or repair of any machinery or equipment. _____

15. Describe the responsibility for efficient and economical use of expendable materials and supplies. _____

16. Describe the frequency and type of physical effort required in performing the duties of the position. _____

17. Describe any health or environmental hazards that are regularly present in performing the duties of the position. _____

18. I certify that I have read the instructions and that the information in items 1-17 is correct.

Signature

Official Title

Date