**Position Description - Classified**
**Purpose of the PD:**

* To record the essential functions of the position
* To record special requirements
* To record required knowledge and skills to perform the duties of the position
* To record special working conditions
* To aid in recruitment and selection
* To establish Management’s expectations
* To provide a base for managing performance

**Position Status:**

|  |  |
| --- | --- |
| Working Title | Position Number |
|  | E |
| Classification Title | Classification # |
|  |  |
| Position Type (FT/PT / Limited Duration) | Regular / Academic Year / Seasonal / Intermittent | FLSA Status |
|  |  |  |
| Work Location | Department / Division |
|  |  |
| Reports to | Reports to Position Number |
|  | E |
| Incumbent | University ID # |
|  |  |

**Program Information:**

|  |
| --- |
| 1. Describe the general program in which this position exists. Include program purpose, size, scope and relationship to the University’s mission.
 |
|  |
| 1. Describe the purpose of this position and how it functions within this program.
 |
|  |

**Position Information and Qualifications:**

|  |
| --- |
| 1. Description of Duties/Responsibilities – List the major duties assigned to the position. Note percentage of time each listed duty is performed to total 100%. Indicate “E” = Essential, “R” = Revised
 |
| Percent of Time | Duties |
|  |  |

**Working Conditions:**

|  |
| --- |
| Describe special working conditions, if any, that are a regular part of this job. Include frequency of exposure to these conditions. |
|  |

 **Guidelines:**

|  |
| --- |
| List any established guidelines used to do this job, such as state or federal laws or regulations, policies, manuals or desk procedures. |
|  |
| How are these guidelines used to perform the job? |
|  |

**Work Contacts:**

|  |  |  |  |
| --- | --- | --- | --- |
| Who contacted | How (email / )  | Purpose | How often? |
|  | Internal |  |  |  |
|  | External |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Job Related Decision Making:**

|  |
| --- |
| Describe the kinds of decisions likely to be made by this position. Indicate effect of these decision where possible. |
|  |

 **Review of work:**

|  |
| --- |
| Who reviews the work of this position? (List classification title and position number). How often? Purpose of the review? |
|  |

**Additional Job-Related Information:**

|  |
| --- |
| Any other comments that would add to an understanding of this position |
|  |
| Special Requirements / Preferred Qualifications |
|  |
| Budget Authority: If this position has authority to commit agency operating money, indicate in what area, how much (annually) and type of funds: |
|  |

 **Acknowledgement:**

|  |  |
| --- | --- |
| Employee Printed Name | Employee Signature / Date |
|  |  |
| Supervisor Printed Name | Supervisor Signature / Date |
|  |  |
| Reviewer (VP / Director) | Reviewer Signature / Date |
|  |  |
| Appointing Authority (Human Resources) | Appointing Authority Signature / Date |
|  |  |

**HR USE ONLY:**

|  |  |
| --- | --- |
| Received by | Date |
|  |  |
| Position Class # (Ex. C0104) | Employee Class  | Job Location | Appointment Percent |
|  |  |  |  |
| CUPA-HR# / Title | NOC Code | Category Code | SOC Code |
|  |  |  |  |
| Actions Taken |
|  | NBAPBUD / NBAPOSN |
|  | NBAJOBS |
|  | PEAFACT |
|  | Electronically Filed |