



**EMPLOYEE POSITION DESCRIPTION**

**INSTRUCTIONS:** This position description is an important document for determining the appropriate classification, pay range/band and measures for performance management. Please be sure that the information on this form is accurate and complete.

Gray shaded areas are to be completed by the Office of Human Resources.

<b>Name:</b>	<b>Occupational Family:</b>
<b>Position Title:</b>	<b>Position Number:</b>
<b>Level: Employee:</b> <input type="checkbox"/> <b>Manager</b> <input type="checkbox"/> <b>Supervisor</b> <input type="checkbox"/>	<b>Job Code:</b>
<b>Name of Supervisor/Title:</b>	<b>Pay Band:</b>
<b>Department Name /Division:</b>	<b>FLSA Status: Exempt</b> <input type="checkbox"/> <b>Non-Exempt</b> <input type="checkbox"/>

**PURPOSE OF POSITION**

**DUTIES AND RESPONSIBILITIES**

Prior to filling out the next section, consider the duties and responsibilities that are actually performed in this position. Consider the time spent on the duties and responsibilities, how important they are to achieving the objectives of this position and the processes or ways in which one performs these duties and responsibilities. After considering these aspects of this position, state the duties and responsibilities that are performed in this position in the following order:

1. State the most important (essential) duty first and finish with the least (marginal) important duty.
2. Calculate the percent each duty requires of the total working time. Make certain the percentages total 100%.

PERCENTAGE OF TOTAL WORKING TIME	DUTIES AND RESPONSIBILITIES
%  %  %  %  %  %  %	          <div style="text-align: center; border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> <b>Special Assignment(s)/Project(s)/Team Project(s)</b> </div>
<b>100% TOTAL</b>	
<b>PHYSICAL DEMANDS AND ACTIVITIES</b>	
<b>Lifting:</b> <input type="checkbox"/> Light <20 lbs. <input type="checkbox"/> Moderate 20–50 lbs. <input type="checkbox"/> Heavy >50 lbs.	<input type="checkbox"/> Standing <input type="checkbox"/> Reaching <input type="checkbox"/> Sitting <input type="checkbox"/> Pushing/Pulling
<input type="checkbox"/> Bending <input type="checkbox"/> Climbing <input type="checkbox"/> Repetitive Motion <input type="checkbox"/> Other _____	
<b>EDUCATION • LICENSURE • CERTIFICATION (<i>Required for Position</i>)</b>	
<b>KNOWLEDGE, SKILLS AND ABILITIES</b> <b>Knowledge</b> – facts, information, procedures that are essential for the job.	
<ul style="list-style-type: none"> <li>•</li>   <li>•</li>   <li>•</li> </ul>	

**Skills** – are observable, quantifiable and measurable actions that would be necessary to perform a specific job.

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**Abilities** – typically these are mental processes, characteristics or qualities that would be necessary to perform a specific job.

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**Level and type of experience:**

**What work actions and/or decisions are made without prior approval?**

*(Duties that are performed independently.)*

**List and explain internal and external contacts.**

**SIGNATURE LINES**

**Employee's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Supervisor's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Vice President's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Attach an organizational chart showing this (employee's) position within your department/division.**