

Position Description

Read each heading carefully before proceeding. Make statements simple, brief, and complete. Be certain the form is signed. Send the original to the Division of Personnel Services.

CHECK ONE: NEW POSITION EXISTING POSITION

PART 1 - Items 1 through 12 to be completed by department head or personnel office.

1. Agency Name 9. Position Number 10. Budget Program Number
 Pittsburg State University

2. Employee Name (leave blank if position vacant) 11. Present Class Title (if existing position)

3. Division 12. Proposed Class Title

4. Section

5. Unit

6. Location (address where employee works)
 City County

7. (check appropriate boxes)
 Full time Perm. Inter
 Part time Temp. %

8. Regular hours of work:
 FROM: AM TO: AM
AM AM

HRS USE ONLY

13. Allocation

14. Effective Date

15. By Approved

16. Audit
 Date: By:
 Date: By:

17. Position Reviews
 Date: Date:
 Date: Date:

PART II - To be completed by department head, personnel office or supervisor of the position

18. If this is a request to reallocate a position, briefly describe the reorganization, reassignment of work, new function added by law or other factors which changed the duties and responsibilities of the position.

19. Who is the supervisor of this position? (Who assigns work, gives directions, answers questions and is directly in charge.)
Name **Title** **Position Number**

Who evaluates the work of an incumbent in this position?
Name **Title** **Position Number**

20. a) How much latitude is allowed employee in completing the work? b)What kinds of instructions, methods and guidelines are given to the employee in this position to help do the work? c) State how and in what detail assignments are made.

21. Describe the work of this position using this page or one additional page only. (Use the following format for describing job duties:)

What is the action being done (use an actin verb); to **whom** or **what** is the action directed (object of action); **why** is the action being done (be brief); **how** is the action being done (be brief). For each task state: Who reviews it? How often? What is it reviewed for?

Number Each
Task and Indicate
Percent of Time
(not less than 5%)

Task #	Percent
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22a. If work involves leadership, supervisory, or management responsibilities, check the statement which best describes the position.

- Lead worker assigns, trains, schedules, oversees, or reviews work of others.
- Plans, staffs, evaluates, and directs work of employees of a work unit.
- Delegates authority to carry out work of a unit to subordinate supervisors or managers.

b. List the names, class titles, and position numbers of all persons who are supervised directly by employees on this position.

Title	Position Number
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23. Which statement best describes the results of error in action or decision of this employee?

- Minimal property damage, minor injury, minor disruption of the flow of work.
- Moderate loss of time, injury, damage, or adverse impact on health and welfare of others.
- Major program failure, major property loss, or serious injury or incapacitation.
- Loss of life, disruption of operations of a major agency.

Please give examples.

24. For what purpose, with whom and how frequently are contacts made with the public, other employees or officials?

25. What hazards, risks or discomforts exist on the job or in the work environment?

26. List machines or equipment used regularly in the work of this position. Indicate the frequency with which they are used.

PART III - To be completed by department head or personnel office

27. List in the spaces below the minimum amounts of education and experience which you believe to be necessary for an employee to begin employment in this position.
Education-General

Education or Training - Special or professional

Licenses, certificates and registrations

Special knowledge, skills and abilities

Experience - Length in years and kind

28. SPECIAL QUALIFICATIONS

State any additional qualifications for this position that are necessary either as a physical requirement of an incumbent on the job, a necessary special requirement, a bona fide occupational qualification (BFOQ) or other requirement that does not contradict the education and experience statement on the class specification. A special requirement must be listed here in order to obtain selective certification.

PART IV - Organizational Chart (Please attach.) Indicate classification title and position number.

Signature of Employee Date

Signature of Personnel Officer Date

Approved:

Signature of Supervisor Date

Signature of Agency Head or
Appointing Authority Date