

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. Grav shaded areas are to be completed by the Office of Human Resources. **Occupational Family:** Name: **Position Title: Position Number:** Level: Employee: Manager Job Code: Supervisor Name of Supervisor/Title: Pay Band: **Department Name /Division:** FLSA Status: Exempt Non-Exempt **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	
WORKING TIME		
%		
70		
%		
0/		
%		
%		
%		
	Special Assignment(s)/Project(s)/Team Project(s)	
%		
%		
100% TOTAL		
PHYSICAL DEMANDS AND ACTIV	_	
Lifting: ☐ Light <20 lbs.	☐ Standing ☐ Bending ☐ Climbing	
Moderate 20–50 lbs.		
☐ Heavy >50 lbs.	☐ Pushing/Pulling ☐ Other	
EDUCATION • LICENSURE • CERTIFICATION (Required for Position)		
KNOWLEDGE, SKILLS AND ABILITIES		
Knowledge – facts, information, procedures that are essential for the job.		
•		
•		
•		

Skills – are observable, quantifiable and measurable actions that woul job. •	d be necessary to perform a specific
• Abilities – typically these are mental processes, characteristics or qual perform a specific job.	lities that would be necessary to
• 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