

# POSITION DESCRIPTION

For all Regular Staff and Bargained-For Positions

The purpose of this form is to formally document the content of a job, including job functions, duties, scope, and the minimum and preferred qualifications. The statements included in this description are intended to reflect the general nature and level of work assigned to this position and should not be interpreted as all-inclusive. For more information, please contact your unit or central HR office representative.

**CHECK ONE:**

Existing Position for Posting  Job Req #: _____	New Position or Job Code Change for Posting  Job Req #: _____	Job Code Change for Individual <i>(must attach a submittal form)</i>
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**PART ONE** *(Skip to part Two for New Position)*

Current Incumbent Name (Last Name, First Name):		UMID:	Unique Name:
Current Job Market Title:		Current Job Code:	Current Std Hrs:
Current Working Title:	Current Salary:	Current Job Role/Salary Grade:	
Current Department Name:			Current Dept ID:

**PART TWO**

Immediate Supervisor Name:		Market Job Title:
Department Name:	Dept ID:	Phone:

**PART THREE**

Proposed Job Market Title:	Proposed Job Code:	Proposed Full Time Rate:
Proposed Working Title:	PCN:	Proposed Salary Grade:
Proposed Career Family/Job Family:	Proposed Career Band:	Job Role: Professional Managerial Executive

**PART FOUR - SUPERVISION:** *Indicate the market job title and number of FTE supervised. Please check the type of supervision provided as defined below.*

Administrative Supervision: Has the authority to hire, transfer, suspend, promote, discharge, reward, or recommend such action.  
Functional Supervision: Has the authority to work as group leader, assist in the training of new staff members, communicate instructions, maintain employee records, and assign work to others.

Market Job Title of Position(s) Supervised	# of FTE	Administrative Supervision	Functional Supervision



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Current Incumbent Name (Last Name, First Name):

**PART EIGHT** - *Provide any additional comments or information not covered above.*

**PART NINE (OPTIONAL BY DEPARTMENT):** *Funding plan for position/business case for request by department.*

*By signing below or sending this form via email, I certify that the above information is accurate to the best of my knowledge.*

Employee Signature:

Date:

**TO BE COMPLETED BY SUPERVISION/MANAGEMENT:**

**Immediate Supervisor:** *By signing below or sending this form via email, I certify the answers to the preceding questions accurately reflect the content of the position.*

Completely

With clarifications listed below

Clarifications:

Supervisor's Name or Signature:

Date:

Dean, Director or Representative Name or Signature:

Date:

Central Human Resources Representative Name or Signature:

Date: