

Appendix I – Job Description Form



*Administrative Faculty
Position Description*

Human Resource Office Use Only				
Approved Job Family _____ Level _____		Date _____		
Overtime Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No		Statutory Exclusion: _____ Supervisory; _____ Managerial _____ Confidential		
ATTACH A COPY OF A CURRENT ORGANIZATIONAL CHART				
Name (Last, First, Middle Initial)		Working Title		HRIS Position Number
Department		Supervisor		Supervisor's Title
POSITION SUMMARY				
Briefly describe the role of the position within the department and University				
REQUIRED DEGREES, LICENSES, CERTIFICATES, CREDENTIALS				
Please indicate the minimum education level required and the number of year's relevant experience required performing the duties of the position.				
List any licenses, certificates, degrees or credentials required by Federal or State Law or college requirements to perform the duties assigned to this position.				
SUPERVISORY RESPONSIBILITY				
Positions Supervised:	Direct Supervision only	HR Use	Indirect Supervision only	HR Use
	Number of Employees		Number of Employees	
1. Faculty				
2. Classified Staff				
3. Unclassified Staff				
4. Students/Others				

Coordinating Responsibility:

Coordinates the contracted work of others related to a particular program responsibility. (Please describe)

ORGANIZATIONAL RELATIONSHIPS

1. **Degree of Direction Received:** (e.g., close supervision, moderately high level of supervision, moderate supervision, minimal supervision)

2. **Decision-making Authority:** Extent of authority for making decisions, recommendations, and commitments that would obligate

a) own time and resources

b) departmental resources

c) Institutional resources

What kinds of decisions will the incumbent are expected to make?

3. **Budget Authority:** Indicate the level of responsibility of the incumbent for development, direction and control of budget. Indicate size of budget.

Develops, monitors* and controls* \$ _____

Delegated authority to develop and monitor* \$ _____

Limited approval authority for purchase \$ _____

Purchases only with higher level OK \$ _____

*To monitor means to review and approve expenses. Control means to authorize budget transfers at department level.

PURPOSE AND NATURE OF WORK RELATIONSHIPS

Explain type of contact with others outside of the immediate office. Please include formal presentations required or regular group contacts.

<u>Person(s)/Position/Agency</u> (e.g., student, staff, faculty, general public, Chancellor's Office)	<u>Purpose</u> (e.g., giving or securing information, explaining policies or operations, solving problems, etc.)	<u>How Often</u>

SKILLS, KNOWLEDGE AND ABILITIES

Describe the skills, knowledge, and abilities which are essential for successful performance of this position. List them in descending order of importance.

Next, indicate the function(s) for which each skill, knowledge and ability is required.

JOB FUNCTION REFERENCE	SKILLS, KNOWLEDGE AND ABILITIES

PHYSICAL CHARACTERISTICS / WORK ENVIRONMENT

Only when applicable, please describe the physical characteristics or adverse/hazardous conditions of the essential job functions to be performed.

JOB FUNCTION REFERENCE	PHYSICAL CHARACTERISTICS

ADDITIONAL JOB-RELATED INFORMATION

Please include information on creativity or innovation required for successful completion of job responsibilities and any other comments that would add to an understanding of this position. **Include frequency of travel on a monthly basis.**

SIGNATURES

INCUMBENT:

I have read this position description and understand its contents.

Employee Signature

Date

IMMEDIATE SUPERVISOR

This position description accurately describes the essential functions assigned to this position.

Immediate Supervisor Signature

Date