|  |  |
| --- | --- |
| **GENERAL INFORMATION** |  |
|       |       |       |       |       |       |       |       |       |  |       |       |       |  |       |  | [ ]  **DSHR COPY** |  | [ ]  **AGENCY COPY** |
| Position Number |  | Agency Code |  | Agency Name |  | **DIVISION OF STATE HUMAN RESOURCES** |
|       |  |       |  |       |       |       |  |       |       |       |       |  |       |       |       |       |
| Division / Section / Unit |  | City / County |  | Agency Code |  | Alphanumeric Code |  | Slot |
|       |  |       |       |       Y/N |  |       |       |       |
| Employee Name |  | County Code | Is Position in Central Office? |  | Authorized Date |
|       |  |       |       |       |       |       |       |       |       |  | [ ]  New Position [ ]  State Title Change |
| Current State Title |  | Alphanumeric Code | Slot |  | [ ]  Re-evaluation [ ]  Update |
|       |       |       |  |       |       |       |       |       |       |       |       |       |  |  |
| Full / Part Time Indicator |  | Supervisor State Title Alphanumeric Code Slot |  |  |
|       |       |       |       |       |  |  |  | Approved State Title |  |
| Hours Per Week |  | **SOURCE OF FUNDING** |  |  |  |
|       |       |       |       |  |       |       |       | .      |       |       |       |       | .      |       |       |       |       | .      |       |  | Approval Signature | Date Approved |
| Base Hours |  | State % | Federal % | Other % |  |  |  |
| **REQUESTED ACTION INFORMATION** |  |
|       |  |       |  |       |       |       |       |  |   |       | **FLSA Designation** |
| Requested Action |  | Requested State Title |  | Alphanumeric Code |  |  |  |
|  |  |       |  |  |  |       |
| Employee Signature |  | Date |  | Supervisor’s Signature |  | Date |
|  |  |  |  |  |  |  |
| 1. What are the minimum requirements for the position?

      |
| 1. What knowledge, skills, and abilities are needed by an employee upon entry to this job including any special certification or license?

      |
| 1. Provide any additional comments regarding this position (e.g., work environment, physical requirements, overnight travel).

      | **MISCELLANEOUS** |
|       |       |       |       |       |       |       |
| Employee Number |
|       |       |       |       |       |
| Position Dept. Number |

1. **Description of Position**
2. **Briefly describe the primary purpose of your position.**

1. **Describe your involvement in strategic planning or setting the strategic direction of your organization.**

1. **Major Accountabilities:** List in order of importance the major activities that you perform, then describe the end results that you are expected to achieve and the primary indicators of success. Indicate for each activity the approximate percentage of time required.

|  |  |  |
| --- | --- | --- |
| **Activity 1** | **End Results Expected and****Indicators of Success** | **% of Time** |
|       |      |       |
| **Activity 2** | **End Results Expected and****Indicators of Success** | **% of Time** |
|       |       |       |
| **Activity 3** | **End Results Expected and****Indicators of Success** | **% of Time** |
|       |       |       |
| **Activity 4** | **End Results Expected and****Indicators of Success** | **% of Time** |
|       |       |       |

|  |  |  |
| --- | --- | --- |
| **Activity 5** | **End Results Expected and****Indicators of Success** | **% of Time** |
|       |       |       |
| **Activity 6** | **End Results Expected and****Indicators of Success** | **% of Time** |
|       |       |       |
| **Activity 7** | **End Results Expected and****Indicators of Success** | **% of Time** |
|       |       |       |
| **Activity 8** | **End Results Expected and****Indicators of Success** | **% of Time** |
|       |       |       |
| **Activity 9** | **End Results Expected and****Indicators of Success** | **% of Time** |
|       |       |       |
| **Activity 10** | **End Results Expected and****Indicators of Success** | **% of Time** |
|       |       |       |

1. **Who are the primary customer groups or stakeholders within or outside the agency with whom you have primary working relationships? What is the nature of your work with each?**

1. **Decision-making: Describe typical decisions that you are required to make, and what decisions you refer to others.**

**Decisions you make:**

**Decisions you refer to others:**

1. **Organization**
2. **Attach a current organizational chart which includes your position, the position to which you report, and the positions/functions which report to you.**
3. **Indicate total employees and funds for which you are accountable.**

|  |  |
| --- | --- |
| Total number of employees you directly supervise |       |
| Total number of employees for which you are responsible |       |
| Total personnel services budget for your area |       |
| Total funds allocated to your division/department |       |

1. **Agency budget and other quantitative measures:**

Indicate below your agency’s budget and any other quantitative measures which indicate the scope of your position. *(Examples include: # and $ value of projects supervised, financial or capital expenditure plans created and overseen, physical inventory managed, etc.)*

|  |  |  |
| --- | --- | --- |
| Item | Quantity(if applicable) | Dollar Value(if applicable) |
|       |       |       |
|       |       |       |
|       |       |       |
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1. **Give a brief description of the function(s) of each position reporting directly to you.**

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| --- | --- |
| **Job Title** | **Function** |
|       |       |
|       |       |
|       |       |
|       |       |
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|       |       |
|       |       |

1. **Principal Problems and Challenges**
2. **Briefly describe the principal challenges encountered in your position.**

1. **Comments – Immediate Supervisor**
2. **Give any additional information you believe would help someone better understand the position.**

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