



Position Description

Instructions: This form should be completed for all new and vacant staff positions. The form is also used to request a classification review of a currently filled position, or to update a position description with no review requested. After completion of the form, a signed copy should be given to the employee (if the position is filled), one copy placed in the department files, and one copy forwarded to the Office of Human Resources.

Action Requested:

- Establish and Recruit for a new position
- Recruit for a vacant position
- Initiate classification review of a current or vacant position
- Update existing position description (no review requested)
- Employee Requested Reclassification

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|---|-------------------------|------------------------------------|
| Name of current incumbent <i>(if filled position):</i> | | Employee ID # |
| <i>If vacant, name of previous incumbent:</i> | | |
| Job (Classification) Title: | Job Code: | Position Number: |
| Working Title <i>(optional):</i> | | |
| Department Code: | Department Name: | Time Base: |
| Name of Manager: | | Job (Classification) Title: |

Classification:

Complete this section only if you are requesting a classification review of the position.

This study is initiated by (name – please print or complete electronically):

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|-----------------------|-----------|------------------------|
| Employee Name: | <i>or</i> | Manager's Name: |
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Changes in Position:

If this is an existing position that you believe has changed, what specific duties or responsibilities along with percentages (%) have been changed, added to, or removed since the position was reviewed previously or since the incumbent was assigned?

Additional Comments:

(Completion by employee and/or supervisor is optional.) Clarify duties assigned and/or include any additional information that you think would be helpful in the review of this position.

Description of your Work: List the specific tasks you perform. Explain your most important task first. Describe each task in terms of what you do, why you perform the task and how the task is performed.

| Description of Duties: | (%) Percent of Time | Change in Duties (%) |
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| Total =100% | | |

If applicable, list the name and job title of those under this position’s supervision:

| Name | Job Title | Name | Job Title |
|------|-----------|------|-----------|
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Credit Check: Credit checks will only be performed for new hires or current employees who are voluntarily reassigned or reclassified into a position that requires a credit check. To determine if this position requires a credit check, please consult with Human Resources and reference the CSU Background Check Policy located at: <http://www.calstate.edu/hrAdm/pdf2015/HR2015--08.pdf>.

Does this position require a credit check? Yes No

Sensitive Position: For current employees who are voluntarily reassigned or reclassified to a sensitive position, a background check is also required. To determine if this position is a sensitive position, please consult with Human Resources and reference the CSU Background Check Policy located at: <http://www.calstate.edu/hrAdm/pdf2015/HR2015--08.pdf>.

Consideration for designation as a sensitive position per HR Technical Letter 2015-08:

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|--|--|---|
| 1. Does this position have responsibility for the care, safety, and security of people (including children and minors), animals, and CSU property? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Sexual offender registry check for those who perform work involving regular or direct contact with minor children and those who are identified as mandated reporters of child abuse and neglect under Executive Order 1083 and California Penal Code §11165.7(a). |
| 2. Does this position have authority to commit financial resources of the university through contracts greater than \$10,000 | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. Does this position have access to, or control over, cash, checks, credit cards, and/or credit card account information? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 4. Does this position have responsibility or access/possession of building master or sub-master keys for building access? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 5. Does this position have access to controlled or hazardous substances? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6. Does this position have access to and responsibility for detailed personally identifiable information about students, faculty, staff, or alumni that is protected, personal, or sensitive? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7. Does this position have control over campus business processes, either through functional roles or system security access? | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 8. Does this position have responsibilities that require the employee to possess a license, degree, credential or other certification in order to meet minimum job qualifications and/or to qualify for continued employment in a particular occupation or position? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Professional licensing, certification, and/or credential verification is required |
| 9. Does this position have responsibility for operating commercial vehicles, machinery or equipment that could pose environmental hazards or cause injury, illness, or death? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Motor Vehicle Records/Licensing Check is required |
| If you answered yes to any of the questions above, this position shall be deemed a sensitive position which may require additional background components. | | |

Essential Job Functions

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| State briefly what is done by the unit in which you work – explaining how your job fits in with the others in the unit. |
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| What percentage of your position description do you consider to be your essential job functions and why? |
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| What essential job functions do you perform that others do not? What percentage of your time do you spend on these functions? |
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| Describe the kind and degree of supervision or direction, which you receive. If different for your various tasks, explain for each task. |
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| What regulations, procedures, manuals, precedents, or other such guides do you use in your work? |
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| What aspects of your work requires an interpretation of regulations, procedures, manuals, etc.? |
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| What skills, knowledge, abilities or special techniques are required in your work? |
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| With whom in the College community and/or outside community, other than your supervisor or those you supervise, are you required, in the course of your work, to give information to or secure information from or interpret regulations, etc.? |
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| What professional development, specialized skills or training have you completed that contribute to perform the essential job functions? |
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Equipment:

List any special machines, tools, and equipment that must be used on a regular basis. **Note:** This section must be completed for any Information Technology (IT) positions. IT positions include Analyst/Programmer, Information Technology Consultant, Operating Systems Analyst, Network Analyst, Operations Specialist, and Equipment Systems Specialist.

| Computer/Systems | Software/Applications | Purpose and Desired Results |
|------------------|-----------------------|-----------------------------|
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Other positions on campus in which you have experience in relation to your essential job functions.

Signatures (Acknowledgement that the information is accurate)

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|---|-------------------|--------------|-------------------|
| Name of Employee: | Signature: | Date: | Extension: |
| Name of Supervisor(MPP)/Dept. Manager: | Signature: | Date: | Extension: |
| Name of Director/Dean(MPP): | Signature: | Date: | Extension: |
| Name of Vice President/President: | Signature: | Date: | Extension: |

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| Name of President (if applicable): | Signature: | Date: | Extension: |
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