

**Employee Guide for Completing the
Position Description Form (PDF)**

Position classification is used for sound practices in allocating new positions as well as reviewing existing positions for possible reallocation. Therefore, detailed and exact information about the duties and responsibilities of each position is necessary. **The description of the job should not be copied from a class specification or from someone else's Duty Statement - It should be in the employee's (incumbent's) own words.**

ITEMS TO BE COMPLETED BY THE EMPLOYEE:

7. NAME: This box should contain the employee's name. If the position is vacant, please write "vacant."
8. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: For security reasons, only provide the last four digits of the Social Security Number. If the position is vacant, leave this field blank.
- 9a. CLASSIFIED AND/OR WORKING TITLE: The Working Title can be the same or different than the position's actual classified title.
- 9b. HOW LONG HAVE YOU BEEN IN THIS POSITION: Indicate the number of years and months in the position. If the position is vacant, leave this field blank.
- 9c. HOW LONG HAVE YOU WORKED FOR THIS AGENCY: Indicate the number of years and months in the agency. If the position is vacant, leave this field blank.
10. DO YOU BELIEVE YOUR PRESENT CLASSIFICATION IS CORRECT: By selecting "NO," a review of the position is being requested. The incumbent should provide the appropriate classification title and explain why they believe the position is incorrectly classified. If the agency is requesting a new position, leave this field blank.)
11. NAME AND TITLE OF IMMEDIATE SUPERVISOR: This should be the name of the individual with direct supervision over the position. Please use classified titles rather than working titles.
12. NAMES AND TITLES OF OTHERS WHO MAY ASSIGN OR EVALUATE YOUR WORK: Provide the requested names and indicate classified titles rather than working titles.
13. DOES THIS POSITION HAVE ON-CALL, MANDATORY OVERTIME, OR OTHER UNUSUAL SCHEDULING THAT SHOULD BE CONSIDERED: Indicate if the position requires rotating hours, on-call duties, or other special/unusual schedules. For certain classes (nurses, etc.), this information can be a crucial consideration in making appropriate allocation determinations.
14. CONTACTS: Indicate media (personal/face-to-face, telephone, correspondence, etc.) purpose, and frequency of contacts.
15. TOOLS, EQUIPMENT, SOFTWARE, etc.: List any specialized tools, equipment, software, work aides, etc. used regularly in the performance of duties.

16. SUMMARIZE THE OVERALL PURPOSE AND ROLE OF THIS POSITION IN THE ORGANIZATION: This should be a general statement or short paragraph summarizing the primary purpose and role (i.e. shift supervisor, lead worker, accounts payable clerk) and area of responsibility (i.e. program, unit) of the position in the organization (i.e. division, board).

17a. HAVE YOUR PERMANENT DUTIES CHANGED: Mark “YES” or “NO” (Leave blank if probationary).

17b. IF “YES” HOW AND WHEN DID YOUR PERMANENT DUTIES CHANGE?: Provide a brief description of how your duties have changed, as well as the date the change occurred and the approximate number of months you have been performing new/changed duties.

18. CHANGE AS A RESULT OF THE REASSIGNMENT OF DUTIES: If applicable, indicate what position was previously performing these duties.

19. LIMITED DURATION: If the change is of limited duration, indicate how long you anticipate performing the duties.

20. DUTY STATEMENT:

- Duties should be described in the incumbent’s own words. If the position is vacant, the duty statement must be completed by the immediate supervisor.
- Describe in detail this position’s permanent duties and provide the span of responsibility in relation to the designated work unit, geographical area, etc.
- Do not include short-term duties or projects.
- List the most important or most frequent duties first.
- Indicate the percentage of time spent on each duty assignment with the total of the duties equaling 100%.
- Do not lump multiple unrelated duties under a large percentage.
- Combine minor or occasional duties in one last statement. Give a best estimate of average percentage of time each responsibility takes; however, do not include a duty, which occupies 5% or less of your time unless it is an essential part of the job.
- **DO NOT COPY** duties from class specification(s) or an existing duty statement from another Position Description Form.
- Provide an explanation for all acronyms or abbreviations used.

21. DECISION MAKING, ACCOUNTABILITY, AND AUTHORITY: Use specific examples of the typical decisions made by the employee in the position (e.g., sets work priorities, hires staff, selects and orders equipment, approves benefits) to illustrate the position's authority.

22. PROVIDE EXAMPLES OF ERRORS THAT COULD BE MADE BY THIS POSITION AND DESCRIBE THE IMPACT: Describe the consequence of errors related to your position (What is at risk if your job is done incorrectly or if an error is made? Who/what would be impacted? What might the cost be?)

23. LEAD WORKER/ SUPERVISION EXERCISED:

- a. Using the definitions on the form, indicate whether the supervisory duties of the position are as a lead worker, supervisor, or none. (If none, proceed to item 24.)

b. WHAT IS THE PRIMARY EMPHASIS OF THESE RESPONSIBILITIES? See the definitions below and select the one that is best fit.

- Technical skills: abilities and knowledge needed to perform specific tasks
- Administrative skills: Skills required for success in administration, such as communicating, computing, organizing, planning, scheduling, or staffing.

c. EMPLOYEES YOU OVERSEE: Indicate the number of employees supervised on a regular basis.

d. Indicate the percentage of time spent on supervision and related duties.

e. Indicate the names and classified titles for employees that are DIRECTLY supervised. If there are more than five, provide the classified titles and number of each.

f. AS A SUPERVISOR, DO YOU: Mark the appropriate checkboxes applicable to the position.

24. ADDITIONAL INFORMATION AND COMMENTS: Space is provided to explain why it is believed the position is incorrectly allocated and to detail the new, permanent duties and responsibilities that have been assigned to the position. If the agency is requesting a new position, leave this section blank. (Additional sheets may be attached if necessary.)

25. EMPLOYEE'S SIGNATURE: The signature of the incumbent is required to verify all information is accurate to the best of the employee's knowledge. If the position is vacant, the agency shall leave this field blank.

The immediate supervisor completes items 26 - 34 to provide their assessment of the position and to confirm that the information provided by the employee (incumbent) is accurate.

Agency Personnel Office staff completes items 1 - 6.

An Appointing Authority completes 35 - 37. Space is provided for their opinion of the appropriate classification and to provide additional details which may assist the Division of Personnel with the position review.

Agency Personnel staff is also responsible for the following:

- Ensuring the Position Description Form is completed by verifying all parties have signed in the designated areas and all sections are complete, where applicable or otherwise noted.
- Ensuring the duty statement is written using the incumbent's or immediate supervisor's own words and not copied.
- Ensuring the combined percentages of the duties equal exactly 100%.
- Ensuring the duty statement is clear and concise, and complies with the duty statement requirements as detailed in this guide.
- Ensuring the information provided is true and accurate.

If the information provided in the PDF is NOT complete, in the incumbent's/supervisor's own words, true and accurate, and/or does not comply with the requirements described in this guide, it is the agency personnel staff's responsibility to return the PDF to the appropriate party for correction.