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|  | **STATE OF OREGON****POSITION DESCRIPTION** | **Position Revised Date:****This position is:** |
| **Agency:**      **Facility:**      [ ]  New [ ]  Revised | [ ]  Classified[ ]  Unclassified [ ]  Executive Service[ ]  Mgmt. Svc – Supervisory[ ]  Mgmt. Svc – Managerial[ ]  Mgmt. Svc - Confidential |
| **SECTION 1. POSITION INFORMATION** |
|  **a.** Classification Title: |       | **b.**  Classification No: |       |
|  **c.** Working Title: |       | **d.**  PPDB No/WD ID: |       |
|  **e.** Section Title: |       | **f.**  Agency No: |       |
|  **g.** Employee Name: |       | **h.**  Budget Auth No: |       |
|  **i.** Supervisor Name: |       | **j.** Repr. Code: |       |
|  **k.** Work Location (City – County): |       |
|  |  |
|  **l.** Position: | [ ]  Permanent [ ]  Seasonal [ ]  Limited Duration [ ]  Academic Year[ ]  Full-Time [ ]  Part-Time [ ]  Intermittent [ ]  Job Share |
| **m.** FLSA: | [ ]  Exempt[ ]  Non-Exempt | If Exempt: | [ ]  Executive/Supervisory[ ]  Administrative [ ]  Professional[ ]  Computer | **n.** Eligible for Overtime: | [ ]  Yes[ ]  No |
| **SECTION 2. PROGRAM AND POSITION INFORMATION** |

**a. Describe the program in which this position exists. Include program purpose, who's affected, size, and scope. Include relationship to agency mission.**

**b. Describe the primary purpose of this position, and how it functions within this program. Complete this statement. The primary purpose of this position is to:**

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| **SECTION 3. DESCRIPTION OF DUTIES** |
| **List the major duties of the position. State the percentage of time for each duty. Mark “N” for new duties, “R” for revised duties or “NC” for no change in duties. Indicate whether the duty is an “Essential” (E) or “Non-Essential” (NE) function**. |
| **% of Time** | **N/R/NC** | **E/NE** | **DUTIES** |

***Note:***  *If additional rows of the below table are needed, place cursor at end of a row (outside table) and hit “Enter”.*

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| **SECTION 4. WORKING CONDITIONS** |

**Describe any on-going working conditions. Include any physical, sensory, and environmental demands. State the frequency of exposure to these conditions**.

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| **SECTION 5. GUIDELINES** |

**a. List any established guidelines used in this position, such as state or federal laws or regulations, policies, manuals, or desk procedures.**

**b. How are these guidelines used?**

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| **SECTION 6. WORK CONTACTS** |
| **With whom, outside of co-workers in this work unit, must the employee in this position regularly come in contact?** |
| **Who Contacted** | **How** | **Purpose** | **How Often?** |

***Note:***  *If additional rows of the below table are needed, place curser at end of a row (outside table) and hit “Enter”.*

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| **SECTION 7. POSITION RELATED DECISION MAKING** |

**Describe the typical decisions of this position. Explain the direct effect of these decisions.**

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| **SECTION 8. REVIEW OF WORK** |
| **Who reviews the work of the position?** |
| **Classification Title** | **Position Number** | **How** | **How Often** | **Purpose of Review** |

***Note:***  *If additional rows of the below table are needed, place curser at end of a row (outside table) and hit “Enter”.*

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| **SECTION 9. OVERSIGHT FUNCTIONS THIS SECTION IS FOR SUPERVISORY POSITIONS ONLY** |
| **a.** | How many employees are directly supervised by this position? |       |  |
|  | How many employees are supervised through a subordinate supervisor? |       |  |
| **b.** | Which of the following activities does this position do? |
|  | [ ]  Plan work [ ]  Coordinates schedules[ ]  Assigns work [ ]  Hires and discharges[ ]  Approves work [ ]  Recommends hiring[ ]  Responds to grievances [ ]  Gives input for performance evaluations[ ]  Disciplines and rewards [ ]  Prepares & signs performance evaluations |
| **SECTION 10. ADDITIONAL POSITION-RELATED INFORMATION** |

ADDITIONAL REQUIREMENTS: List any knowledge and skills needed at time of hire that are not already required in the classification specification:

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| BUDGET AUTHORITY: If this position has authority to commit agency operating money, indicate the following: |
| Operating Area | Biennial Amount ($00000.00) | Fund Type |

***Note:***  *If additional rows of the below table are needed, place curser at end of a row (outside table) and hit “Enter”.*

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| **SECTION 11. ORGANIZATIONAL CHART** |
| Attach a current organizational chart. Be sure the following information is shown on the chart for each position: classification title, classification number, salary range, employee name and position number. |
| **SECTION 12. SIGNATURES** |
|  |  |  |  |  |  |  |  |  |
|  | Employee Signature |  | Date |  | Supervisor Signature |  | Date |  |
|  |  |  |  |  |
|  | Appointing Authority Signature |  | Date |  |