Print Form

WASHBURN UNIVERSITY

Position Description
for Classified and Administrative Positions
(02/09)

Human Resources, 1700 College Avenue, Morgan Hall 263, Topeka, KS 66621 785/670-1538

Read each heading carefully before proceeding. Make statements simple, brief, and complete. Be certain the form is signed. Send the original to Human Resources.

1. CHECK ONE: ☐ New Position ☐ Existing Position	2. Banner Position Number
3. Present Classification/Job Title (if existing position)	4. Proposed Classification/Job Title
5. Department	For Use by Human Resources:
6. Unit	Allocation
7. (check appropriate time) ☐ Full time ☐ Part time %	Effective Date
8. Regular hours of work: (indicate appropriate time) From: ☐ AM ☐ PM To: ☐ AM ☐ PM	Position Review Date: By: Date: By:
9. Regulary scheduled work days: ☐ Su ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ S	Date: By: Date: By:

10. If this is a request to reallocate a position, briefly describe the reorganization, reassignment of work, new function added by law or other factors which changed the duties and responsibilities of the position.

11. Who is the supervisor of this position? (Individual who makes salary recommendations, approves leave, assigns work, evaluates performance, gives directions, answers questions and is directly in charge.)

Name: **Title:** **Position Number:**

12. a) How much latitude is allowed employee in completing the work? b) What kinds of instructions, methods and guidelines are given to the employee in this position to help do the work? c) State how and in what detail assignments are made.

13. Describe the work of this position <u>using this page and one additional page only if needed.</u> Use the following format for describing job duties:

What is the action being done (use an action verb); to **whom** or **what** is the action directed (object of action); **why** is the action being done (be brief); **how** is the action being done (be brief). For each task state: Who reviews it? How often? What is it reviewed for?

Number Each Task and Indicate Percent of Time devoted to each.	

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14. a. If work involves leadership, supervisory, or management responsibilities, check the statement which best describes the position.

- ☐ Lead worker: assigns, trains, schedules, oversees, or reviews work of co-workers.
- ☐ Supervisor: recommends hire and discipline, evaluates and directs work of other employees.
- ☐ Manager: delegates authority to carry out work of a unit to subordinate supervisors or managers.

b. List the classification/job titles, and position numbers of all positions supervised directly by employee in this position.

Classification/Job Title	**Position Number**

15. Which statement best describes the consequence of error in action or decision of this employee?

- ☐ Minimal property damage, minor injury, minor disruption of the flow of work.
- ☐ Moderate loss of time, injury, damage or adverse impact on health and welfare of others.
- ☐ Major program failure, major property loss, or serious injury or incapacitation.
- ☐ Loss of life, disruption of operations of a major department.

Please give examples.

16. For what purpose, with whom and how frequently (monthly, weekly, daily) are contacts made with the public, other employees or officials?

17. What hazards, risks or discomforts exist on the job or in the work environment?

18. List machines or equipment used regularly in the work of this position. Indicate the frequency (monthly, weekly, daily) with which they are used.

19. List in the spaces below the minimum amounts of education and experience which you believe to be necessary for an employee to begin employment in this position. The information listed will be used for applicant screening during recruitment.

Required Education and/or Experience:

Required Licenses, Certificates and Registrations:

Preferred Education and/or Experience:

20. SPECIAL QUALIFICATIONS

State any additional qualifications for this position that are necessary either as a physical requirement of an incumbent on the job, a necessary special requirement, a bona fide occupational qualification (BFOQ) or other special requirement relative to job duties.

Signatures:

Supervisor	Date	Area Head	Date
Department Head/Dean	Date	Director of Human Resources	Date