



STATE OF OREGON
POSITION DESCRIPTION

Position Revised Date: _____

Agency: _____

Facility: _____

[] New [] Revised

This position is:

- [] Classified
[] Unclassified
[] Executive Service
[] Mgmt Svc – Supervisory
[] Mgmt Svc – Managerial
[] Mgmt Svc - Confidential

SECTION 1. POSITION INFORMATION

a. Classification Title: _____ b. Classification No: _____
c. Effective Date: _____ d. Position No: _____
e. Working Title: _____ f. Agency No: _____
g. Section Title: _____ h. Budget Auth No: _____
i. Employee Name: _____ j. Repr. Code: _____
k. Work Location (City – County): _____
l. Supervisor Name: _____
m. Position: [] Permanent [] Seasonal [] Limited Duration [] Academic Year
[] Full-Time [] Part-Time [] Intermittent [] Job Share
n. FLSA: [] Exempt [] Non-Exempt If Exempt: [] Executive [] Professional [] Administrative
o. 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:

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

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.

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?

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

SECTION 7. POSITION RELATED DECISION MAKING

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

SECTION 8. REVIEW OF WORK

Who reviews the work of the position?

Classification Title	Position Number	How	How Often	Purpose of Review
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Note: If additional rows of the below table are needed, place cursor at end of a row (outside table) and hit "Enter".

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?

- | | |
|--------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Plan work | <input type="checkbox"/> Coordinates schedules |
| <input type="checkbox"/> Assigns work | <input type="checkbox"/> Hires and discharges |
| <input type="checkbox"/> Approves work | <input type="checkbox"/> Recommends hiring |
| <input type="checkbox"/> Responds to grievances | <input type="checkbox"/> Gives input for performance evaluations |
| <input type="checkbox"/> Disciplines and rewards | <input type="checkbox"/> 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:

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".		

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