

Position Description

Read each heading carefully before proceeding. Make statements simple, brief, and complete. Be certain the form is signed. Supervisors and incumbents are responsible for the completion of this form.

CHECK ONE: NEW POSITION EXISTING POSITION
(allocated)

PART I Position Information. Items 1 through 12 to be completed by department

1. Agency Name: **Kansas State University** 9. Position Number 10. Department ID

2. Employee Name (leave blank if position vacant) 11. Present Class Title (if existing position)

3. Division 12. Proposed Class Title

4. Section

5 Unit

6. Location (address where employee works)
City County

7.Type of Appointment (Circle)

Full time Part time %

School:

Limited Term ending date (if applicable):

8. Regular hours of work: (enter appropriate time)
FROM: AM/PM TO: AM/PM

H	13. Allocation
U	Supervisory Status: yes / no FLSA Code: nonexempt / exempt
M	
A	
N	14. Effective Date:
R	
E	15. By: Approved:
S	
O	16. Audit(s):
U	Date: By:
R	Date: By:
C	
E	17. Position Review(s)
S	Date: Date:
	Date: Date:

PART II Organizational Information. To be completed by department head or supervisor of the position.

18. a) Briefly describe why this position exists. (Include how the position relates to the purpose, goal, or mission of the unit.)

b) If this is a request to reclassify 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.

19. Who is the supervisor of the incumbent in this position? (Who assigns work, gives directions, answers questions and evaluates.)

Name Title Position Number

List other individuals who may provide input for evaluation purposes.
Name Title Position Number

20. a) How much latitude is employee allowed 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.

21. Describe the work of this position using this page and/or one additional page only. (Please use the following format to create task statements for actual 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 (describe the result or outcome expected); **how** is the action expected to be performed (describe the manner, methods, techniques or procedures in which the task is currently performed). For each task, state: Who reviews it? How often? What is it reviewed for?

Number each task and indicate percent of time and identify each function as essential or marginal by placing an E or M next to the % of time for each task. Essential functions are the primary job duties for which the position was created and that an employee must be able to perform, with or without reasonable accommodation. A marginal function is a peripheral, incidental or minimal part of the position or one that can be performed with assistance or by another individual. **OFFICIAL DETERMINATIONS ARE MADE BY CLASSIFICATION SERVICES.**

*The description of how the work is to be performed does not preclude the consideration of reasonable accommodation(s) for qualified persons with a disability.

No. % E or M

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

- Lead worker: Assigns, trains, schedules or oversees work of others.
- Supervisor: Plans, staffs, evaluates, and directs work of employees of a work unit.
- Manager: Delegates authority to carry out work of a unit to subordinate supervisors or managers.

b) List the class titles, and position numbers of all persons who are directly supervised and evaluated by employee in this position.

Title	Position Number
-------	-----------------

23. Which statement best describes the results 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 agency.

Please give examples and describe consequences of action.

24. For what purpose, with whom and how frequently are contacts made with the public, other employees or officials?

25. a) What hazards, risks or discomforts exist on the job or in the work environment?

b) Describe any methods, techniques, procedures or equipment that must be used to ensure safety for equipment, employees, clients and others.

26. List machines or equipment used regularly in the work of this position. Indicate the frequency with which each is used.

PART III Education, Experience and Physical Requirements Information.

27. MINIMUM REQUIREMENTS as stated in the State of Kansas Class Specification. (Job skills beyond state specifications should be entered in #29)

28. NECESSARY SPECIAL REQUIREMENTS

a) List any licenses, registrations or certifications for this position that are required to perform the essential functions of the position.

b) Describe the physical requirements of the job as they relate to essential functions (focus on results, not methods of obtaining results).

29. PREFERRED QUALIFICATIONS AND SKILLS

a) List preferred education or experience that may be used to screen applicants.

b) List preferred special knowledge, skills and abilities.

30. BONA FIDE OCCUPATIONAL QUALIFICATION (BFOQ)

State additional qualifications for this position that are necessary as a bona fide occupational qualification (BFOQ).

PART IV Organizational Chart (Please attach). Indicate classification title and position number.

PART V Signatures

Signature of Employee Date

Signature of Human Resources
Position Analyst Date

Approved:

Signature of Supervisor Date

Signature of Human Resources
Appointing Authority/Classification Authority Date

Dean or Administrator (optional) Date