

**KANSAS STATE UNIVERSITY  
POSITION DESCRIPTION  
UNCLASSIFIED PROFESSIONAL POSITION**

Position #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**PART I – REASON FOR ACTION**

**CHECK ALL THAT APPLY:**

- New Position       Existing Position  
 Recruitment       Reclassification of Vacant Position       Reclassification of Employee  
 Conversion of Classified Position       Determination of FLSA only

**PART II – POSITION INFORMATION**

CURRENT				PROPOSED			
Department				Department			
Department ID				Department ID			
College/Unit				College/Unit			
Employee				Employee			
Employee ID				Employee ID			
Job Title				Job Title			
Job Code				Job Code			
Business Title				Business Title			
<b>TYPE OF APPOINTMENT</b>				<b>TYPE OF APPOINTMENT</b>			
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time      _____ %				<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time      _____ %			
<input type="checkbox"/> Term      _____				<input type="checkbox"/> Term      _____			
<input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> 9 Month <input type="checkbox"/> 12 Month				<input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> 9 Month <input type="checkbox"/> 12 Month			
Hours of Work		<input type="checkbox"/> AM <input type="checkbox"/> PM	To		<input type="checkbox"/> AM <input type="checkbox"/> PM	to	
Hours of Work		<input type="checkbox"/> AM <input type="checkbox"/> PM	to		<input type="checkbox"/> AM <input type="checkbox"/> PM	to	

**PART III- ORGANIZATIONAL INFORMATION**

1. Briefly state the purpose of the position. If this is a request to reclassify or convert a position, briefly describe the reorganization, reassignment of work, new function added by law or other factors that changed the duties and responsibilities of the position. **Attach an organizational chart.**

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2 List the name, title, and position number of the supervisor of the employee in this position.

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3. List the name, title and position number of each employee who is supervised and evaluated by the employee in this position.

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4. Does the employee’s primary duty consist of work requiring the exercise of independent discretion and judgment? If yes, please give an example.



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**QUALIFICATIONS**

1. Education Required

2. Experience Required

3. Other Requirements

4. Preferred Qualifications

5. Salary or Range

**PART VI – SIGNATURES**

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator

\_\_\_\_\_  
Date

**PART VII – CLASSIFICATION ACTION FOR HUMAN RESOURCES/AFFIRMATIVE ACTION USE ONLY**

**Classification:**  Classified  Unclassified

**FLSA Status:** Exempt:  Executive  Administrative  Professional  Computer  
 Non-Exempt

**Position Number:** \_\_\_\_\_

**IPEDS Job Category** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**EEO-6 Job Category** \_\_\_\_\_

**Job Code:** \_\_\_\_\_

**K-State Job Group** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_

**CUPA-HR Code** \_\_\_\_\_

**Signature:** \_\_\_\_\_