

## **Job Description Form**

(Please read carefully before completing the Job Description Form.)

### **Instructions for completing the Job Description Form**

The Job Description Form is used to obtain information about your duties to determine whether your job is properly classified. Please complete the form in your own words and be clear, accurate, and complete. If a question does not apply to your type of work, write N/A. Avoid general terms, abbreviations, or vague expressions or conclusions about the difficulty of your work. For additional space, attach extra pages identified with your name and the name of your department. When your description is completed, give it to your supervisor. Your supervisor should review your form for completeness and accuracy and to clarify or give additional information about your duties and responsibilities. Your supervisor may attach additional pages to make statements he/she thinks are necessary before signing your form. You may keep a copy.

### **Instructions for Supervisor**

Please review this form for completeness and accuracy. On page 10, you are asked whether you believe that the statements made constitute a true description of the duties and responsibilities of the job. If you have checked "A," your certification means you believe that the statements made constitute a true description of the duties and responsibilities of the job. If the description does not agree with your knowledge of the job, Box "B" should be checked, and you should provide more information on the job in Item 30. Under no circumstances, however, are the employee's statements to be changed.

When you have finished your review, please forward the form to your personnel office.

**A. GENERAL INFORMATION**

|  |                                  |                                   |                                  |                                    |                                   |                                 |                                   |
|--|----------------------------------|-----------------------------------|----------------------------------|------------------------------------|-----------------------------------|---------------------------------|-----------------------------------|
| 1. Name (Last, First, Middle)                | 2. Civil Service Title           |                                   |                                  |                                    |                                   |                                 |                                   |
| <input type="text"/>                         | <input type="text"/>             |                                   |                                  |                                    |                                   |                                 |                                   |
| 3. Working Title                             | 4. Department                    |                                   |                                  |                                    |                                   |                                 |                                   |
| <input type="text"/>                         | <input type="text"/>             |                                   |                                  |                                    |                                   |                                 |                                   |
| 5. Division or Institution                   | 6. Unit or Program               |                                   |                                  |                                    |                                   |                                 |                                   |
| <input type="text"/>                         | <input type="text"/>             |                                   |                                  |                                    |                                   |                                 |                                   |
| 7a. Work Address (Street, City, Zip)         | 7b. Work Telephone Number        |                                   |                                  |                                    |                                   |                                 |                                   |
| <input type="text"/>                         | <input type="text"/>             |                                   |                                  |                                    |                                   |                                 |                                   |
| 8. Supervisor (Name and Civil Service Title) | 9a. Position Number              |                                   |                                  |                                    |                                   |                                 |                                   |
| <input type="text"/>                         | <input type="text"/>             |                                   |                                  |                                    |                                   |                                 |                                   |
| 9b. Daily Hours:                             | Start AM/PM <input type="text"/> | Finish AM/PM <input type="text"/> |                                  |                                    |                                   |                                 |                                   |
| 9c. Work Schedule (Check Days Worked):       | <input type="checkbox"/> Sunday  | <input type="checkbox"/> Monday   | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday | <input type="checkbox"/> Saturday |

**B. JOB INFORMATION**

10. Briefly Describe the Major Purpose of Your Job

11. Description of Your Work:

This is the most important item on this form. Describe your own job in your own words. List the duties first that take the largest amount of your time. Estimate the amount of your working time spent on each duty. Use percentage or number of hours or days, or a similar breakdown. You may group related duties together and give estimated time for each group. Examples:

|   |  |
|---|--|
| <b><u>GOOD</u></b>  | <b><u>POOR</u></b>                           |
| Prepare registers of all claims showing allocation of budget expenditures and total amount of expenditures and total amount of expenditures for month in which claims are made. | Keep claim registers.                        |
| Mow lawns with power mower, hand mowers, and weed grounds. Trim trees from ground and from ladder using power saws. Lubricate Mowers.   | Rake, maintain grounds, and landscape areas. |

**B. JOB INFORMATION (continued)**

11. Description of Your Work:

[Empty box for job description]

**B. JOB INFORMATION (continued)**

11. Description of Your Work Continued:

[Empty box for description of work]

**B. JOB INFORMATION (continued)**

12. How long have you been doing the above duties for this department?

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13. Describe the part of your job that requires the highest degree of skill to perform.

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14. List any machine, equipment, or motor vehicles you are required to use in your job and how often:

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**B. JOB INFORMATION (continued)**

15. Identify by their position titles persons with whom you have frequent contact and explain the purpose:

| Position Title | Purpose of Contact |
|----------------|--------------------|
|                |                    |
|                |                    |
|                |                    |
|                |                    |
|                |                    |

16. What manuals, written instructions, guides, or precedent decisions are available to help you in the performance of your work? Make clear the extent to which these guides provide the solution to your problems. Give Examples:

17. Indicate, by example if necessary, the kinds of problems or matters you refer to your supervisor or other individuals for assistance.

**B. JOB INFORMATION (continued)**

18a. What portion of your work is reviewed?

18b. By Whom?

18c. For What Purpose?

19. If you make an error, how and when is it found?

20. What is the most serious thing that could result from an error in your work?

21. Indicate how you receive the majority of your work assignments. (select one)

- Projects are assigned by supervisor who tells me how to do them.
- Projects are assigned by supervisor but I decide how to do them.
- I have responsibility for a set of duties and I know when and how to do them.
- I develop projects myself as needed and decide when and how to do them.

Other (describe):

22a. I directly supervise the following employees:

Answer this item only if you are actually responsible for directing the work of others. Inspecting, checking, or proofreading the work of others does not in itself constitute supervision.

| Name   | Civil Service Classification Title                         |
|--|--|
| <div style="border: 1px solid black; height: 20px;"></div> | <div style="border: 1px solid black; height: 20px;"></div> |
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**B. JOB INFORMATION (continued)**

22b. Indicate how many employees you indirectly supervise (indirect supervision means employees you are responsible for through subordinate supervisors). Show numbers and titles only.

23. If you supervise employees, briefly describe the nature and extent of your supervisory responsibilities (e.g. plan work, prepare budget, assign and review work, evaluate performance, initiate to fill vacancies and select employees, approve use of vacation, sick leave and other leaves, settle grievances, etc.):

24. List any license, registration, or certificates required to do your job:

25. Specify any skills or competencies, knowledge and abilities you use to perform the duties of your position:



**B. JOB INFORMATION (continued)**

26. Specify any special education or training that can not be learned or acquired during the probationary period of your classification.

27. If there is any other information about your position that you feel is important, enter it here. (You need not complete this item unless you have additional information that you think will help in the proper classification of your position.)

**B. JOB INFORMATION (continued)**

28. Certification of Employee

I hereby certify that all statements made by me on this form are to the best of my knowledge, complete and accurate.

Signature (Employee)

Date

29a. Certification of immediate supervisor

A. I Concur entirely with employee's statements

B. See Item 30 for comments

Signature (Supervisor)

Civil Service Title

29b. Certification of Personnel Officer or designated representative

A. I Concur entirely with employee's statements

B. See Item 30 for comments

Signature (Personnel Officer or designated representative)

Civil Service Title

30. Supervisor/Personnel Officer Comments: