**Civil Service Position Description**

**Incumbent:**       **Position #:**

**Present Position Class:**

**Department/Organization:**

State briefly the general function of your position, including the basic nature of the department and the relationship of your position with other positions in your work area:

Please provide a descriptive organizational chart below which tells:

1) the position to which the incumbent reports,

2) the position to which the incumbent's supervisor reports,

3) other positions which report to the incumbent's supervisor, and

4) any position(s) which reports to the incumbent

Please separate the duties assigned to this position into ESSENTIAL and MARGINAL duties. All duties must fit into one of these categories.

A. MARGINAL duties are those which are performed in addition to those which are essential.

B. ESSENTIAL duties are those which MUST be performed; the REASON THE JOB EXISTS.\*\*

\*\*The definition of ESSENTIAL is critical because it serves as the basis for documenting duties inherent in the position. This is used when considering the capabilities of individuals to perform the assigned work in job screening, referral, performance appraisal and classification studies, and in determining what, or if any, reasonable accommodations need to be made.

**MARGINAL DUTIES:**

Describe each duty briefly but in enough detail to give a clear understanding of the work. Please indicate how frequently the duty is to be performed (time per day, week, month, etc.) and the amount of time it will take to perform the duty.

DESCRIPTION OF DUTY FREQUENCY TIME

**ESSENTIAL DUTIES:**

Describe each duty briefly but in enough detail to give a clear understanding of the work. Please answer all the questions for each essential duty you list. You may supply additional pages if needed.

**Description of Essential Duty:**

1. How frequently is this duty performed? (times per day, week, month, etc.)

2. What percentage of time does it take to perform this duty?

3. Would there be any significant consequences if this duty were not performed?

4. Is this duty reviewed by others? (If so, by whom and for what purpose?)

5. Is special expertise, judgement, training, or education required? (If so, what and why?)

**(Please copy this section for additional duties)**

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1. How frequently is this duty performed? (times per day, week, month, etc.?)

2. What percentage of time does it take to perform this duty?

3. Would there be any significant consequences if this duty were not performed?

4. Is this duty reviewed by others? (if so, by whom and for what purpose?)

5. Is special expertise, judgement, training, or education required? (if so, what and why?)

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1. How frequently is this duty performed? (times per day, week, month, etc.)?

2. What percentage of time does it take to perform this duty?

3. Would there be any significant consequences if this duty were not performed?

4. Is this duty reviewed by others? (if so, by whom and for what purpose?)

5. Is special expertise, judgement, training, or education required? (If so, what and why?)

**PLEASE DESCRIBE THE FOLLOWING AND HOW THEY RELATE ONLY TO THE ESSENTIAL DUTIES INDICATED PRECEDING:**

**Equipment Usage Required:**  Machines, devices, tools, etc., used in the job.

**Physical Requirements:** Lifting, reaching, climbing, carrying, seeing, hand-eye coordination, hearing, speaking, bending, writing, driving, etc.

**Position Location and Working Conditions:** Place(s) where work is performed and conditions- outside, all weather, inside tunnels, etc.

**Personal Work Contacts:** State the purpose of the contacts this position has in the performance of duties with persons other than supervisors or subordinates.

**Legal or Financial Responsibilities:** State any legal or financial responsibilities this position has for the safekeeping of materials, equipment, records, or confidential information.

**Considerations:**  Specify any other considerations (not covered elsewhere in this Position Description) which affect the responsibilities, complexity or difficulty of the work to be performed.

**This Position Description is a true and accurate reflection of the duties and responsibilities assigned to me.**

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(Print Name of Incumbent) (Date)

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(Signature of Incumbent) (Date)

**The signature and date of the following persons signifies agreement with the duties described herein.**

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(Print Name of Immediate Supervisor) (Date)

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(Signature of Immediate Supervisor) (Date)

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(Print Name: Administrator: Dept. Head/Dean/Director/VP (Date)

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(Signature Administrator: Dept. Head/Dean/Director/VP (Date)