

POSITION DESCRIPTION FORM (SHORT FORM)

Use **only** to Classify Vacant and/or New Positions to an Existing Class

1. Official Title of Position
2. Proposed Title of Position
3. Department/Division
4. Work Location/Site Phone #
5. Check any of the following that apply to this position

Full Time	Days	Swing Shift	Weekdays	Bilingual
Part Time	Rotating Shifts	Graveyard Shift	Weekends	(Attach PER59)

Normal Working hours of position
6. Title of Supervisor
7. Name of Supervisor
8. List any license, permit, etc. that is required by law to perform the duties of this position
9. List any machines, tools, or equipment (including motor vehicles) to be operated

<u>Machines, etc.</u>	<u>How Often</u>	<u>Est. % of Working Time</u>
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10. What type of physical effort (lifting, standing, etc.) is required to perform the duties of this position?
11. Does this position have supervisory responsibility?

Yes	No
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If yes, please attach a list of position titles and number of positions to be supervised. If position has responsibility for the work of others, but not supervisory responsibility, please attach explanation.
12. Description of Typical Tasks

This is the most important section of this form. Task statements should be specific for this position. Do not copy task statements from class specifications. Do not show the tasks of subordinates of this position. Estimate the amount of time spent of each task listed. Attach additional sheets at the end of this form if more space is needed. If attaching additional sheets, be sure to put the position title and department name on each sheet.

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Estimated % of total time spent	Duties

Title of Person Completing this form _____

Signature of Person Completing this form _____ Date _____

Department Head Signature _____ Date _____