

**SANTA CRUZ COUNTY PERSONNEL DEPARTMENT
POSITION DESCRIPTION FORM**

PLEASE READ SEPARATE INSTRUCTIONS BEFORE COMPLETING. COMPLETE ALL SECTIONS IN DETAIL.
INCOMPLETE FORMS WILL BE RETURNED.

1. Position filled by:
2. Present class title of position:
3. Proposed title of position:
4. Existing classification that you think you are:
5. Department: Division/Section:
6. Work Location/Site: Phone #:
7. Name of your supervisor:
8. Class title of your supervisor:
9. Check any of the following that apply to your work:

Full Time	Part Time	Temporary	Rotating Shift	On-Call
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Hours and days regularly worked (indicate AM and PM):
(if you work a rotating shift, please attach schedule)
10. List any license, permit, etc. that is required by law to perform the duties of this position:
11. 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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12. What type of physical effort (lifting, standing, etc.) is required to perform the duties of this position?
13. Does this position have supervisory responsibility?

Yes	No
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If yes, please fill out a "Position Description Form Supplement for Supervisory Positions" in addition to this form. If position has responsibility for the work of others, but not supervisory responsibility, please explain:

14. Description of Duties:

This is the most important section of this form. Task statements should be specific for this position. Do not copy duties statements from class specifications. Do not show the duties of any subordinate; show only your duties. Estimate the amount of time spent of each duty. (Two hours per week is 5% of total time worked for a full-time employee, or 10% time worked for a half-time employee. The total % in this column should equal 100%.) If necessary, attach additional sheets at the end of this form (with your name and department on them). Place a checkmark next to the duties you list which you feel are beyond the scope of your current classification.

Estimated % of time	Duties

15. How long have the duties of this position been the same as they are now? (We need to know how long the duties of this job have remained unchanged. If you do not know, ask your supervisor. Do not show how long you have been in this job, this class, or with the County.)

16. Which of your duties are the most difficult and/or require the greatest skill to perform? Why? Please give examples.

17. What kinds of problems must be solved by the person in this position?

18. What kinds of decisions must be made by this position?

19. How is work assigned to this position? Give examples.

20. How much leeway does this position have in setting priorities and organization work?

21. What is the worst possible consequence of an error or poor decision made by this position?

22. How is the work of this position reviewed? Is it likely that a serious error might be missed, or are there standardized controls or checks which would normally catch such errors?

23. If the work of this position involved contact with persons or agencies outside the department, list the types of contact and their purpose.

24. What physical hazards or disagreeable working conditions exist on this assignment?

25. List all reports you regularly prepare. Indicate the purpose of each report and specify how much of your time is spent weekly, monthly or quarterly in preparing each report (i.e., 2 hours per week, one day per month, etc.)

I HEREBY CERTIFY THAT THE ANSWERS TO THE FOREGOING QUESTIONS ARE MY OWN AND THAT TO THE BEST OF MY KNOWLEDGE THEY ARE COMPLETE AND CORRECT.

Employee's Signature _____ Date _____

SUPERVISOR'S STATEMENT

Please indicate the degree to which you review the work of this position. What work is reviewed, and what is the extent of the review?

What do you consider to be the most responsible assignment or task of this position?

What do you consider to be the most difficult tasks performed by this position?

Comment on any statements made by the person in this position which you feel need to be clarified are incomplete or are inaccurate.

Does this position involve typing?	No	Yes	Give % of time spent typing
Does this position involve shorthand?	No	Yes	Give % of time spent shorthand

List names and class titles of all positions under your immediate supervision. (Attach an organizational chart.)

Supervisor's Signature _____ Date _____

I certify that I have reviewed the employee's statements and that they are complete and accurate with exceptions noted above.

Department Head Signature _____ Date _____

Please have two copies made of this form and all attachments: One for your departmental records and one to be retained by the employee. The original should be forwarded to the Personnel Department.