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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **HUMAN RESOURCES ONLY**    **CLASSIFIED WAE POSITION DESCRIPTION**  Form Revision Date: 4/2015 | | | | | | | | | | | | | | | |
| NEW POSITION ESTABLISHED | | AFFIRMED | | | | RETURNED W/O ACTION | | SCS LOG NUMBER | | | | | SCS ASSIGNED CONSULTANT | | |
|  | |  | | | |  | | MAJOR AGENCY CODE | | | | | EFFECTIVE DATE | | |
| OFFICIAL ALLOCATION | | | | | | | | OFFICIAL JOB CODE | | | | | PAY LEVEL | | |
| CONSULTANT | | | | | SUPERVISOR | | | DELEGATED  YES  NO | | | | | MASTER JOB DESCRIPTION  YES  NO | | |
| COMMENTS | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **TYPE OF REQUEST** | | | | | | | | | | | | | | | |
| Check appropriate request boxes. If master job description, see instruction sheet  UPDATE  NEW POSITION  MASTER  . | | | | | | | | PERSONNEL AREA CODE | | | | POSITION NUMBER | | | |
| CURRENT OFFICIAL JOB TITLE | | | | | | | | CURRENT PAY LEVEL | | | | CURRENT OFFICIAL JOB CODE | | | |
| REQUESTED OFFICIAL JOB TITLE | | | | | | | | REQUESTED PAY LEVEL | | | | REQUESTED OFFICIAL JOB CODE | | | |
|  | | | | | | | | | | | | | | | |
| **GENERAL INFORMATION** | | | | | | | | | | | | | | | |
| AGENCY/DEPARTMENT – OFFICE – DIVISION | | | | | | | | | | | | | | | |
| OFFICIAL TITLE OF SUPERVISOR | | | | | | | | | DIRECT SUPERVISOR’S POSITION NUMBER | | | | | | |
|  | | | | | | | | | | | | | | | |
| **COMPARATIVE POSITIONS** *List positions that have similar or identical duties to this position.* | | | | | | | | | | | | | | | |
| INCUMBENT NAME | | | | POSITION NUMBER | | | | | | OFFICIAL JOB TITLE/AGENCY | | | | | |
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| **SUPERVISORY ELEMENTS** | | | | | | | | | | | | | | | |
| DETERMINES WORK ASSIGNMENTS  RECOMMENDS HIRING/PROMOTIONS  TRAINS STAFF  REVIEWS AND APPROVES WORK  PREPARES & SIGNS PES RATING  APPROVES LEAVE | | | | | | | | | | | | |  | | NUMBER OF DIRECT SUBORDINATES |
|  | | | | | | | | | | | | | | | |
| **ATTACHMENTS** *Check to indicate attachments. Please review position description instruction sheet for details regarding required attachments* | | | | | | | | | | | | | | | |
| Organizational Chart (required) | | | Duties / Responsibilities **(required)** | | | | Comments | | | | | | MJD Position Numbers | | |
|  | | | | | | | | | | | | | | | |
| ADDITIONAL INFORMATION | | | | | | | | | | | | | | | |
| PLEASE PROVIDE JUSTIFICATION ON WHY THIS POSITION IS NEEDED ON A TEMPORARY BASIS. | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| IF BASED ON AN INITIATIVE OF THE APPOINTING AUTHORITY, EXPLAIN THE PROGRAM OR PROJECT BASED ON THIS INITIATIVE AND THE LEVEL AND DURATION OF THIS WORK. | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| AGENCY APPROVAL | | | | | | | | | | | | | | | |
| SIGNATURE OF APPOINTING AUTHORITY OR DESIGNEE | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | DATE | |
| TITLE OF PERSON SIGNING THIS REQUEST | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | |  | |
| CONTACT INFORMATION (HUMAN RESOURCES CONTACT) | | | | | | | | | | | | | | | |
| NAME |  | | | | | | | | | | | | | | |
| EMAIL |  | | | | | | **PHONE NUMBER** | | | | (###) ###-#### | | | | |

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| **DUTIES AND RESPONSIBILITIES** |
| Provide a brief statement describing the function of work or reason why the position exists. List duties indicating the percent of time spent for each area of responsibility. If applicable, describe any unusual physical demands and/or unavoidable hazards of the position. Attach additional pages if necessary. PERCENTAGES MUST TOTAL 100% LIST DUTIES IN DECREASING ORDER OF IMPORTANCE / COMPLEXITY. THE NEED FOR SPECIAL LICENSE, POLICE COMMISSION, KNOWLEDGE OR TRAINING MUST BE INDICATED BELOW, IF APPLICABLE. |