**OHR Use Only**

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| --- | --- | --- |
| UB Title: | USM Title: | Job Code: |
| Degree Required: | Experience Required: | Approved Hourly Rate:  Min: Max: |

**Requestor To Complete**

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| --- | --- | --- | --- |
| Reason for Submittal:  ☐ New Position  ☐ Change to existing Position Number: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | Position Supervisor’s Name: | |
| Position Supervisor’s Title: | |
| Proposed Title: | School / Division: | | Department: |

**Job Summary**: Using 3-4 statements, describe the general purpose of the position.

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**Key Responsibilities**: Describe key functions and estimate percentage of time spent performing each function. Prioritize listed functions from most to least important. Percentage of time for all duties must total 100%.

|  |  |  |
| --- | --- | --- |
| **% of Time**  **(Required)** | **Essential**  **Duty** | **Key Functions/Responsibilities/Tasks** |
|  | **☐ Yes**  **☐ No** |  |
|  | **☐ Yes**  **☐ No** |  |
|  | **☐ Yes**  **☐ No** |  |
|  | **☐ Yes**  **☐ No** |  |
|  | **☐ Yes**  **☐ No** |  |
|  | **☐ Yes**  **☐ No** |  |

**Required Education and Experience**

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| --- |
| **Education:** |
| **Experience:** |

I certify that the information provided on this form is accurate and complete.

Supervisor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_