**OHR Use Only**

|  |  |  |
| --- | --- | --- |
| UB Title:  | USM Title:  | Job Code:  |
| Degree Required:  | Experience Required:  | Target Salary Range:Min: Max:  |
| Financial Disclosure ☐ Yes ☐ No | USM or MOU ☐ ☐ |

**Requestor To Complete**

|  |  |
| --- | --- |
| Reason for Submittal: ☐ Request for Classification Review  ☐ New position ☐ Vacancy /Refill ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:  |
| Position Supervisor’s Name: |
| Position Supervisor’s Title:  |
| ☐ Current Title:  |
| ☐ Proposed Functional Title:  |
| Employee’s Name:  | Position Number:  |
| School / Division:  | Department:  |

**Job Summary**: Using 5-6 statements, describe the general purpose, focus and overall responsibilities of the position? (Typically used for recruiting.)

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**Key Responsibilities**: Describe key functions and estimate percentage of time spent performing each function (no described function should be greater than 50%). Prioritize listed functions from most to least important. Percentage of time for all duties must total 100%. It is not necessary to include duties requiring less than 5% time, unless such duties are significantly important or critical to the position. Indicate if function is considered “*essential*” as defined by the *Americans with Disabilities Act (ADA)*.

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

**Required Education and Experience**

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

**Preferred Education and Experience**

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

**Required Knowledge, Skills and Abilities**

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**Special hours of work required? If so, describe.** (e.g., essential personnel, weekend / evening, shift work)

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|  |

**Is position accountable for departmental funds/budgets? ☐ Yes ☐ No**

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| --- |
| If yes, list annual dollar amount: $ Describe “accountability”: |

**Does position have signature authority? ☐ Yes ☐ No**

|  |
| --- |
| If yes, describe/list types of documents:  |

**Typical decisions made by this position:**

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|  |

**Does this position supervise regular UB employees? ☐ Yes ☐ No**

**Does this position supervise student workers? ☐ Yes ☐ No**

**If yes, note the nature of supervisory duties? (Check all that apply)**

|  |  |
| --- | --- |
| **Check (X) all applicable position items** | **Check (X) in the appropriate column** |
|  | **Recommend** | **Approve** |
|  | Assign work to others | Hire New Employees |  |  |
|  | Distribute work to others | Terminate employees |  |  |
|  | Check work of others | Promote / Demote |  |  |
|  | Train subordinate employees | Discipline Employees |  |  |
|  | Evaluate Performance | Authorize Leave |  |  |
|  | Establish unit policy / procedure | Authorize pay increases |  |  |

**List Names and Titles of Employees Position Directly Supervises:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Title** | **FTE** | **Student Employee?** |
|  |  | **☐FT ☐PT** | **☐Yes ☐ No** |

**Scope and Impact of Position** (*Scope* refers to the breadth or depth of responsibility; *Impact* refers to the effect of the position’s actions on the department/school/division/institution)

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| --- |
| **Scope:**  |
| **Impact:**  |

**Contacts:** Identify the position’s significant person-to-person work relationships and contacts. Briefly describe the purpose and frequency of the contacts.

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

Employee Signature (If applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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