**OHR Use Only**

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

**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:  ☐ Vacant | 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.)

|  |
| --- |
|  |

**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** |  |
|  | **☐ Yes**  **☐ No** |  |
|  | **☐ Yes**  **☐ No** |  |
|  | **☐ Yes**  **☐ No** |  |
|  | **☐ Yes**  **☐ No** |  |

**Required Education and Experience**

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

**Preferred Education and Experience**

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

**Required Knowledge, Skills and Abilities**

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
| 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:**

|  |
| --- |
|  |

**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** |
|  |  | **☐ FT ☐ PT** | **☐ Yes ☐ No** |
|  |  | **☐ FT ☐ PT** | **☐ Yes ☐ No** |
|  |  | **☐ 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)

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

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

|  |
| --- |
|  |

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

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

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