

CALIFORNIA STATE UNIVERSITY BAKERSFIELD FOUNDATION

POSITION DESCRIPTION FORM

Present classification Title _____

Working Title of Position _____
(If different than above)

Existing Position Filled by _____
(If vacant, who formerly filled the Position) Last Name First Name M.I.

Department _____

Supervisor's Name _____

Supervisor's Classification Title _____

On what date did you begin working at your present assignment?

List any machines, tools, equipment (including motor vehicles) that must be operated:

<u>Machine</u>	<u>How Often</u>	<u>Estimated Percentage of Working Time</u>
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List any skills (typing, shorthand, etc.) required to perform assigned duties and give the approximate portion of work time allocated to such skills:

DESCRIPTION OF DUTIES: this is the most important section on this form. *Do not* copy duty statements from classifications. Please indicate how often each duty is performed, and estimate the amount of time spent on each kind of duty. (If necessary, attach additional sheets.)

Amount
Of Time
Or Percent

DUTIES

REGULAR DUTIES (duties performed daily or almost daily, such as typing letters taking dictation, instructing other employees, stocking shelves, etc.)

PERIODIC DUTIES (Duties performed at recurring fixed intervals, such as preparation of annual budgets, checking inventory, designing forms, etc.)

OCCASIONAL OR IRREGULAR DUTIES: (Duties of a nonrecurring nature, such as designing forms, assisting at special events, etc.)

1. How long have the duties and the amounts of time spent on them been as stated on page 2?
2. Which parts of the assignment are the most difficult and/or require the greatest skill to perform? Why? Please give examples.
3. To what extent do the duties of this position involve independent action or require decisions on the part of the person in the position? Which, if any, are the most difficult, and how frequently do they occur?
4. What would be the probable result of a poor judgment, decision, or action by the person in this position? How would these errors be detected? What would be the consequence of the errors?
5. How is work assigned to this position? To what extent does the person in this position have authority to determine what is to be done and when?
6. In what way is the work of this position reviewed? That is, is work spot-checked or is all work reviewed? Are there standardized controls or checks which would normally catch errors made by the person in the position? Please explain.
7. Do you assist in developing departmental policy? Yes No If so, give examples:
8. Does this position have supervisory responsibility? Yes No
Do you participate in the selection process or evaluation process of subordinates? Please explain.

Please provide an up-to-date organization chart showing functional relationships including the name and title of your supervisor, yourself, and any employees you supervise either directly or indirectly.

I hereby certify that the answers to the foregoing questions are my own and to the best of my knowledge are complete and correct.

Date _____ Employee's Signature _____

SUPERVISOR'S STATEMENT

Please indicate the degree to which you review the work of this position.

Please indicate any statements which have been made by the person in this position which you feel may be inaccurate or incomplete. Please clarify.

SUPERVISOR/ADMINISTRATOR SIGNATURE(S) IS ONLY INTENDED TO ACKNOWLEDGE REVIEW OF THE POSITION DESCRIPTION FORM. SIGNATURE(S) DO NOT INDICATE APPROVAL OR DISAPPROVAL OF THE REQUEST FOR RECLASSIFICATION.

Supervisor's Signature _____ Date _____

Appropriate Administrator Signature _____ Date _____

Cabinet Officer Signature _____ Date _____