**Position Description**

**General Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Click here to enter a date. | Position Number | Enter Number (i.e. S00123) |
| Position Title | Click here to enter position. | FLSA Status | Choose status |
| Department | Click here to enter department. |  |
| Supervisor’s Title | Click here to enter supervisor title. |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Position Summary:**

Click here to enter text.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Reporting Relationships / Direct reports:**

Click here to enter text.

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**List all essential functions below. Hover between rows and click the “+” control to insert additional rows.**

|  |  |
| --- | --- |
| Percent of Time: | Essential Functions: |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |

**Working Conditions:**

Click here to enter text.

### ****Physical Requirements****

Please only indicate the physical abilities that are directly related to the essential functions of the job. (Caution: Make sure you are not setting different requirements than for similar workers already employed.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Physical Activity Required**       ▼ | **Amount of time ▼** | | | |
| None | Less than 1/3 (Occasional) | 1/3 to 2/3 (Frequent) | More than 2/3 (Regular) |
| Standing |  |  |  |  |
| Walking |  |  |  |  |
| Sitting |  |  |  |  |
| Kneeling |  |  |  |  |
| Bending or Crouching |  |  |  |  |
| Reaching or stretching |  |  |  |  |
| Climbing or balancing |  |  |  |  |
| Crawling |  |  |  |  |
| Lifting/exerting force of: |  |  |  |  |
| Up to 10 pounds |  |  |  |  |
| Up to 25 pounds |  |  |  |  |
| Up to 50 pounds |  |  |  |  |
| Up to 100 pounds |  |  |  |  |
| Over 100 pounds |  |  |  |  |
| Other: |  |  |  |  |

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**Minimum QUALIFICATIONS**

# Education:

Click here to enter text.

**Professional Work Experience:**

Click here to enter text.

**Professional Certification or License:**

Click here to enter text.

**Knowledge Areas:**

Click here to enter text.

**Skills:**

Click here to enter text.

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**Additional Information About the Position** - List any additional aspects, not covered above, relevant to the position (if applicable):

Click here to enter text.

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**Approval, Authorizing Signatures**:

|  |  |  |  |
| --- | --- | --- | --- |
| Supervisor |  | Date | Click to enter a date. |
| Department Head |  | Date | Click to enter a date. |
| Vice President |  | Date | Click to enter a date. |

Include an organizational chart that depicts this position's place within the organizational unit and includes the names and titles of this and other positions in the department. You may also attach an existing job description for this position and any other documentation that may provide an understanding of the nature of the position.