

HCPSS POSITION DESCRIPTION QUESTIONNAIRE FORM

Requestor to Complete:

Reason for Submittal: <input type="checkbox"/> Creation of New Position <input type="checkbox"/> Vacancy <input type="checkbox"/> Classification Review <input type="checkbox"/> Reclassification	Date: Position Supervisor's Name: Position Supervisor's Title:
Does this position's supervisor currently have a sup org in Workday? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Business Title:	
Proposed Business Title:	
Position #:	
Cost Center:	Funding (including grant # if applicable):
FTE:	Grant Expiration Date (if applicable):
Start/End Time:	Unpaid Lunch Period: <input type="checkbox"/> 30 minutes <input type="checkbox"/> 60 minutes
Months Worked: <input type="checkbox"/> 10 months <input type="checkbox"/> 11 months <input type="checkbox"/> 12 months	State Category:
Employee's Name: <input type="checkbox"/> Vacant	Department:
Division:	Work Location:

Job Summary: Using 5-6 statements, describe the general purpose, focus and overall responsibilities of the position. How does this position align to support the HCPSS mission and vision? (Typically used for recruiting and job announcement.)

Primary Responsibilities: Describe below the work the position is responsible for completing daily or weekly. Make your description definite and clear enough that persons who are not familiar with the work will understand the position responsibilities. List the duties and tasks the position is responsible for performing starting with the most important and finish with those that are routine or occasional in nature. Start each sentence with an action word (e.g. prepares, assists, organizes, provides, observes, ensures, guides, leads, monitors, develops, implements, conducts, etc.).

In the column on the left, indicate the percent of time that is spent on each of the duties listed. The total percent of time should add up to 100% (*% of time column total should equal 100% and duty statements should not be smaller than 5% or larger than 50%*). Be as brief as possible, but do not leave out important information.

% of Time (Required)	Primary Responsibilities/ Key Functions/ Tasks
100%	Total

Required Education and Experience (Minimum)

Education:

Experience:

Preferred Education and Experience:

Education:

Experience:

Required Knowledge, Skills, and Abilities:

Is this position required to work specials hours? Yes No If so, describe (e.g., essential personnel, weekend/evening, shift work).

Is this position accountable for departmental funds/budgets? Yes No If yes, list annual dollar amount and describe "accountability".

Does the position have signature authority? Yes No If yes, describe/ list types of documents.

Describe typical decisions made by this position:

Does this position supervise regular HCPSS employees? Yes No

Does this position supervise temporary worker? Yes No

Does this position have leadership duties? Yes No

If yes, note the nature of supervisory and/or leadership duties: Check that apply.

Duties:		Level of Responsibility:	Recommend	Approve
<input type="checkbox"/> Yes	Assign work to others	Hire new employees	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Yes	Distribute work to others	Terminate employees	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Yes	Check work of others	Promote/ Demote	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Yes	Train subordinate employees	Discipline employees	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Yes	Evaluate performance	Authorize leave	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> Yes	Establish unit policy/ procedures	Authorize pay increase	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

List the names and titles of employees the position will/currently directly supervises:

Name	Title	FTE	Temporary Employee
		<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> FT <input type="checkbox"/> PT	<input type="checkbox"/> Yes <input type="checkbox"/> 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 division/ department/ school/ school district)

Scope:

Impact:

Contacts: Identify the position's significant person-to-person work relationship and contacts.

Briefly describe the purpose and frequency of the contacts, internal and external.

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

Supervisor's Signature:

Date:

(Human Resources Review) CC Classification Recommendation:	
<input type="checkbox"/> Reclass position w/ title and grade change	<input type="checkbox"/> Updated position description for current position/vacancy
<input type="checkbox"/> Title change	<input type="checkbox"/> New position
<input type="checkbox"/> Reclass position w/ grade change (classification/salary study)	<input type="checkbox"/> Class Confirmed
Pay Rate: Hourly <input type="checkbox"/> Salary <input type="checkbox"/>	Weekly Hours: 35 <input type="checkbox"/> 40 <input type="checkbox"/>
Explanation Summary:	
Current Business title:	Proposed Business title:
	Proposed Working title:
Bargaining unit:	Scale and grade:
Job Profile:	FLSA Status:
HRBP/ HR Classification and Compensation Analyst:	
HR Executive Director:	
Date Completed by Human Resources:	
Notification Sent:	
<input type="checkbox"/> Requestor	
<input type="checkbox"/> Recruitment	

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