



**INSTRUCTIONS:** When completing this form, please ensure that your answers give a clear and concise understanding of the duties and responsibilities involved in this position. The information provided will play a critical role in job description development and job evaluation, including any compensation review. If you have any questions, please contact Human Resources.

## GENERAL INFORMATION

Agency name	Agency number	
Job profile title	Job profile	PIN
Business title	PIN	
Incumbent (employee) name	Employee ID	
Primary contact name	Phone	Email
Primary contact title	Date of request	

## QUESTIONS 1-11

1. **What is the purpose of this request?** ☐ New position. ☐ Reallocation of position. ☐ Review of salary.

If new position: What is the proposed job title?

If reallocation of position: What is the proposed job title?

If reallocation of position: What has changed since the last review of the position? (Provide a concise summary of the change to include any legislative-, program- otherwise-mandated change. Complete Question 4 to fully describe these changes.)

If review of salary: What has changed since the last review of the position? (Provide a concise summary of the change to include any legislative-, program- or otherwise-mandated change. Complete Question 4 to fully describe these changes.)

- 2. Position purpose:** Briefly state the principal purpose or focus of this position (**why** this position exists). Describe the primary function of the position (**what** the position must accomplish) and its major objective(s) (**why** that function is performed). Cite any statute that is relevant to the duties, responsibilities or compensation of the position. You will have the opportunity to explain in more detail in Question 4.

Is there a job in the current job catalog that performs similar responsibilities? ☐ Yes. ☐ No.

If no, proceed to Question 4.

If yes, what is the job family/level?

Does this position report to a board or commission? ☐ Yes. ☐ No.

If yes, provide the chair's name and contact information below:

Name	Phone	Email
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- 3. Working relationships:** Below, describe the routine contacts you have with other people outside the agency that are relevant to this position:

Contact name	Contact organization	Reason for contact	Frequency

Below, describe any ongoing board, commission or organization of which this position is a member. Do not include any board or commission to which the position merely provides guidance:

Name of organization	Reason for membership	Benefit of membership to agency

- 4. Primary duties:** Below, list the duties involved in this position in order of importance, starting with the most important. Describe the duties in specific terms that will be clear to someone who is not familiar with the work; avoid using jargon and acronyms. Describe the work assignments over a sufficiently long period of time to present a complete picture of the job. Estimate the percentage of time spent performing each duty. The listed percentages should add up to 100%.

Duties	% of time

5. **Quantitative data:** Is the agency appropriated? ☐ Yes. ☐ No.

**Agency staffing**

Number of regular part-time, full-time and temporary employees employed by the agency:

Number of contract employees employed and paid by the agency:

Number of employees hired through and paid by a staffing organization:

**Positions reporting directly to this position**

Job title	Job code	Business title	Responsibility within the agency

**Fiscal responsibility**

Total agency budget for current FY	
Operating budget, excluding payroll	
Payroll	
Contracts	
Grants	
Revenues received	

**Other quantitative measures:** Indicate other quantitative measures that reflect the scope of the position. List all measures not included under fiscal responsibility on an annual basis. Examples include: Quantity and monetary value (in dollars) of supervised projects, grants or loans; financial or capital expenditure plans created or overseen; physical inventory managed; etc., not included under fiscal responsibility.

Measure/item	Quantity (if applicable)	Dollar value (if applicable)

6. **Principal challenges:** Describe the most complex and difficult challenges this position faces.

7. **Functional guidance:** Below, list positions, boards or commissions to which this position provides guidance. Briefly discuss the nature and purpose of such guidance.

Name of organization	Role in organization	Nature and purpose of guidance

8. **Authority and decisions:** Describe the types of decisions this position has the authority to make without seeking approval, as well as those that must be approved by a cabinet secretary or advisor, board or commission.

Position has the authority to make the following decisions without seeking approval:

Decisions requiring approval by a cabinet secretary, board or commission:

**9. Education and experience:** Is the education and experience for the position set by state statute? ☐ Yes. ☐ No.

What minimum level of education is required for the job? (Leave blank if not applicable.)

☐ High school diploma. ☐ Associate's degree. ☐ Bachelor's. ☐ Master's degree. ☐ Doctorate (Ph.D., J.D., etc.)

Required area of study:

☐ License or certification, certifying organization, and expiration:

What are the minimum years of experience required?

What type of experience is required?

Beyond the minimum qualifications for education and experience indicated above, are there any other preferred qualifications?

If the position were vacant, what would the required education and experience be for recruitment purposes?

**10. Knowledge, skills and abilities:** Below, list the additional knowledge, special skills or behavioral competencies required to perform the essential responsibilities of the job.

Knowledge

Skills

Abilities

Competencies

**11. Final comments:** Describe anything else that you believe will help explain the position's nature, scope and complexity.

## EMPLOYEE VERIFICATION

With my signature below, I am verifying the accuracy of the information I have provided on this form.

Employee signature

Date

## SUPERVISOR COMMENTS AND VERIFICATION (OPTIONAL)

Please provide any additional information regarding the duties and responsibilities involved in this position:

I have reviewed this form in its entirety, and I agree it is a complete, accurate and thorough reflection of the responsibilities and accountabilities of the described position.

Supervisor signature

Date

## FOR HCM USE ONLY

Allocated to:

Date:

Salary band: