KANSAS STATE UNIVERSITY

POSITION DESCRIPTION

|  |  |
| --- | --- |
| Position #: | [Keywords] |
| **Office Contact Person:** |  |
| **Phone #:** |  |

**Location:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|[ ]  Manhattan |[ ]  Salina |[ ]  Olathe | Other: |  |

**PART I – REASON FOR ACTION**

|  |  |
| --- | --- |
|[ ]  New Proposed USS Position |[ ]  New Proposed Unclassified Position |

|  |  |
| --- | --- |
|[ ]  Existing USS Position |[ ]  Existing Unclassified Position |

**PUT AN ‘X’ BY ALL THAT APPLY:**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ] [ ]  | Conversion to USS/Unclassified |[ ]  Determination of FLSA only |[ ]  Recruitment |

|  |  |  |
| --- | --- | --- |
|[ ]  Review of filled position |[ ]  Review of Vacant Position |[ ]  Update |

# PART II – POSITION INFORMATION

|  |  |
| --- | --- |
| **Current** | **Proposed** |
| Department |  | Department |  |
| Department ID |  | Department ID |  |
| College/Unit |  | College/Unit |  |
| Employee |  | Employee |  |
| Employee ID |  | Employee ID |  |
| Job Title |  | Job Title |  |
| Job Code |  | Job Code |  |
| Business Title |  | Business Title |  |
| FTE |  | FTE |  |
| **Type of Appointment** | **Type of Appointment** |
|[ ]  Full Time |[ ]  Term: ends  |  |[ ]  Full Time |[ ]  Term: ends |  |
|[ ]  Part Time |[ ]  USS Limited Term: ends  |  |[ ]  Part Time |[ ]  USS Limited Term: ends  |  |
|  |  |  |
|[ ]  Regular |[ ]  9 Month |  |[ ]  Regular |[ ]  9 Month |  |
|[ ]  Temporary |[ ]  12 Month |  |[ ]  Temporary |[ ]  12 Month |  |
|[ ]  Supervisory | **FLSA** |[ ]  Exempt |[ ]  Non-Exempt |[ ]  Supervisory | **FLSA** |[ ]  Exempt |[ ]  Non-Exempt |
| Hours of Work |  |[ ]  AM | To |  |[ ]  AM | Hours of Work |  |[ ]  AM | To |  |[ ]  AM |
|  |  |[ ]  PM |  |  |[ ]  PM |  |  |[ ]  PM |  |  |[ ]  PM |
|[ ]  Monday - Friday | Other: |  |[ ]  Monday - Friday | Other: |  |

**PART III- JOB RESPONSIBILITIES**

Group and number responsibilities and assign percentage of time spent on each. Please identify each group of responsibilities as essential or marginal (E or M). If this is a reclassification, also identify each existing duty with “ED” and each new duty with, “ND.” Total of duties should equal 100%. Enter a description of each responsibility. **Highlight (in yellow) any new duties or any changes in duties.**

|  |  |  |  |
| --- | --- | --- | --- |
| # 1 | Essential [ ]  Marginal [ ]  | % of Time:  |  |
|  |
| # 2 | Essential [ ]  Marginal [ ]  | % of Time:  |  |
|  |
| # 3 | Essential [ ]  Marginal [ ]  | % of Time:  |  |
|  |
| # 4 | Essential [ ]  Marginal [ ]  | % of Time:  |  |
|  |
| # 5 | Essential [ ]  Marginal [ ]  | % of Time:  |  |
|  |

**PART IV- ORGANIZATIONAL INFORMATION**

|  |
| --- |
| 1. Briefly state the purpose of the position. If this is a request to review or convert a position, briefly describe the reorganization, reassignment of work, new function added by law or other factors that changed the duties and responsibilities of the position. **Attach an organizational chart.**  |
|  |
| 2 List the name, title, and position number of the supervisor of the employee in this position.  |
| **Other individuals who may provide input:** |
| **3. A)** If work involves leadership, supervisory, or management responsibilities, check the state which best describes the position:  |
| [ ]  | Lead Worker: Assigns, trains, schedules or oversees work of others but does not evaluate work. |
| [ ]  | Supervisor: Plans, staffs, evaluates, and directs work of employees of a work unit. KSU training required. |
|  **B)** List the class titles and position numbers of all persons who are **directly** supervised and evaluated by employee in this position.  |
| **Title** | **Position Number** |
|  |  |
| 4. Does the employee’s primary duty consist of work requiring the exercise of independent discretion and judgment? If yes, please give an example. |
|  |

**PART V – GENERAL INFORMATION**

|  |  |
| --- | --- |
| **General Information (i.e. on-call, standby, inclement weather** |  |

**PART VI - QUALIFICATIONS**

|  |  |
| --- | --- |
| Required Education |  |
| Required Experience | **For USS – use minimum requirements as stated in the State of Kansas classification specifications.** |
|  |
| Other Requirements (i.e. necessary licenses, registrations, certifications) |  |
| Physical RequirementsEquipment Used |  |
| Preferred Qualifications, (skills, knowledge, abilities) |  |
| Preferred Education |  |
| BFOQ(Bona Fide Occupational Qualification) | **Additional qualifications necessary as a BFOQ.** |
|  |
| Salary, Range or Grade |  |

**PART VII – SIGNATURES**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Date Administrator/Dean Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Date

**PART VIII – TO BE COMPLETED BY HUMAN CAPITAL SERVICES ONLY**

|  |
| --- |
| **Classification:** [ ]  University Support Staff [ ]  Unclassified Professional Staff **Supervisory:**  [ ]  Yes [ ]  No  **FLSA Status:** Exempt: [ ]  Executive [ ]  Administrative [ ]  Professional [ ]  Computer  [ ]  Non-Exempt**Position Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ IPEDS Job Category\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Job Title**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **K-State Job Group \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Job Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CUPA-HR Code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **HR Signature**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Date:\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |