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 Requirements  Equipment 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**

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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:\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |