

UNIVERSITY OF CALIFORNIA  
 STAFF  
 JOB DESCRIPTION FORM  
 (For Other than MSP or PSS-Grades Positions)

*HUMAN RESOURCES USE ONLY*

APPROVED TITLE	EFFECTIVE DATE	TITLE CODE	EMP. REL. CODE
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NAME <b>XXX</b>	DEPARTMENT <b>XXX</b>	PRESENT PAYROLL TITLE <b>XXX</b>	PERCENT OF TIME <b>XXX</b>
SUPERVISOR'S NAME & PAYROLL TITLE <b>XXX</b>		DEPT. HEAD'S NAME & TITLE <b>XXX</b>	

If this is a request for reclassification of an existing position, please attach a brief explanation of how the job has changed and why you feel reclassification is justified.

**PART I — TO BE COMPLETED FOR ALL POSITION**

1. State briefly what is done by the unit in which you work and explain how your job fits in with others in the organization.  
  
**XXX**
2. DESCRIPTION: Starting with what you consider the most important duty, describe each of the present duties of the position and estimate (by hours or percentage) the distribution of time to each assignment. Use sufficient detail to give a clear understanding of each duty. Be specific. Examples may help to illustrate a point, e.g. problems encountered and resolved.  
  
**XXX**
3. If you have responsibility for budgets or accounting records, please identify the number/type of accounts and current year authorization.  
  
**XXX**
4. If you have payroll or personnel record responsibilities, please identify the number and type (Academic, staff, other) of Univ. employees, whether full or part-time.  
  
**XXX**
5. What are the most difficult aspects of your position? Why? What other factors should be considered in evaluating your position?  
  
**XXX**

6. If this position is supervisory, identify:

The total no. of FTE under your supervision.	#	
Enter an X in the correct column. Do you:	Yes	No
Select new employees?		
Approve overtime?		
Take disciplinary action as appropriate?		
Sign performance evaluations?		
Recommend Merit Increases?		

List all employees who report directly to you by name, payroll title and FTE.

<u>Name</u>	<u>Title</u>	<u>FTE</u>
<b>XXX</b>	<b>XXX</b>	<b>XXX</b>

7. What is your responsibility for developing or improving methods and procedures? List examples and indicate which require higher approval before implementation.

**XXX**

CERTIFICATION OF EMPLOYEE: I certify that the foregoing information is correct and complete and describes my job as I understand it.

**XXX**

Signature \_\_\_\_\_ Date \_\_\_\_\_

CERTIFICATION OF IMMEDIATE SUPERVISOR AND DEPARTMENT HEAD: I have reviewed the above statements and certify to their accuracy with the exceptions noted here.

Signature \_\_\_\_\_ Date \_\_\_\_\_      Signature \_\_\_\_\_ Date \_\_\_\_\_