

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 XXX	DEPARTMENT XXX	PRESENT PAYROLL TITLE XXX	PERCENT OF TIME XXX
SUPERVISOR'S NAME & PAYROLL TITLE XXX		DEPT. HEAD'S NAME & TITLE XXX	

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.	#	
	Yes	No
Enter an X in the correct column. Do you:		
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>
XXX	XXX	XXX

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 _____