

Request For: <input type="checkbox"/> Recruitment (indicate if new <input type="checkbox"/> or replacement position <input type="checkbox"/> <input type="checkbox"/> Job Evaluation (attach memo of explanation) <input type="checkbox"/> Update Review for File PLEASE ATTACH A COPY OF A CURRENT ORGANIZATIONAL CHART (INCLUDING NAMES AND TITLES)		Approved Job Family _____ Level _____ Effective Date _____	
Name (Last, First, Middle Initial)	Employee Social Security Number	Working Title	
HRIS Position Number	Department	College/Division	
Supervisor	Supervisor's Title	Supervisor's Phone Number	

A. POSITION SUMMARY
Briefly describe the role of the position within the department and college/school.

B. REQUIRED DEGREES, LICENSES, CERTIFICATES, CREDENTIALS

- Please indicate the minimum education level required and the number of years relevant experience required to perform the duties of the position.
- List any licenses, certificates, degrees or credentials required by Federal or State Law or university requirements to perform the duties assigned to this position.

C. SUPERVISORY RESPONSIBILITY

Positions Supervised:

- Number of Instructional Faculty FTE _____
- Number of Classified Staff FTE _____
- Unclassified Staff FTE _____
- Students/Others FTE _____

Coordinating Responsibility:
Coordinates the contracted work of others (e.g., tenure-track faculty, adjunct faculty) related to a particular program responsibility. (Please describe) _____

D. ORGANIZATIONAL RELATIONSHIPS

1. **Degree of Direction Received:** (e.g., close supervision, moderately high level of supervision, moderate supervision, minimal supervision)

2. **Decision-making Authority:** Extent of authority for making decisions, recommendations, and commitments that would obligate
 - a) own time and resources

 - b) departmental resources

 - c) school/college resources

 - d) institutional resources

What kinds of decisions will the incumbent be expected to make?

3. **Budget Authority:** Indicate the level of responsibility of the incumbent for development, direction and control of budget. Indicate size of budget and type of funds.

	Type of Funds**
<input type="checkbox"/> Delegated authority to develop and monitor*	\$ _____
<input type="checkbox"/> Develops, monitors* and controls*	\$ _____
<input type="checkbox"/> Limited approval authority for purchase	\$ _____
<input type="checkbox"/> Purchases only with higher level OK	\$ _____

*To monitor means to review and approve expenses.
 Control means to authorize budget transfers at department level.
 **E & G, Grant, Designated Operating, Auxiliary. Self-support.

E. PURPOSE AND NATURE OF WORK RELATIONSHIPS

Explain type of contact with others outside of the immediate office. Please include formal presentations required or regular group contacts.

<u>Person(s)/Position/Agency</u> (e.g., student, staff, faculty, general public, Chancellor's Office)	<u>Purpose</u> (e.g., giving or securing information, explaining policies or operations, solving problems, etc.)	<u>How Often</u>

