

**Part A**

**Part A** – To be completed by incumbent.  
(By supervisor if position is vacant or newly proposed.)

FOR HR USE ONLY					
Dept:					
Study No:					
Specialist:					
Date:	<table style="width: 100%; border: none;"> <tr> <td style="border-bottom: 1px solid black; width: 50%;"></td> <td style="border-bottom: 1px solid black; width: 50%;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">Sent</td> <td style="text-align: center; font-size: small;">Received</td> </tr> </table>			Sent	Received
Sent	Received				

**Instructions:**

The classification of a position is based upon the nature and level of assigned duties and responsibilities. This description form will be used to assist in determining the appropriate classification of your position. Please keep this in mind as you complete the form and be as clear, accurate, and complete as possible.

This form is to be completed by you in your own words. Your supervisor and Department Head will be asked to review and attest to the accuracy of the information in the form, but they are not to change any of your statements or comments.

If you need additional space, please use the back of the form, and if necessary, attach additional sheets.

After completing all sections of **Part A** of this form, please submit the original copy to your supervisor for his/her input.

**SECTION A-I: BASIC DATA ABOUT THE POSITION.**

1. Incumbent: \_\_\_\_\_

When did you start performing present duties: \_\_\_\_\_

Requested Classification Level: \_\_\_\_\_

2. Present Classification of Position: \_\_\_\_\_

3. Department: \_\_\_\_\_

4. Work Location: \_\_\_\_\_

Building Room #

5. Work Telephone Number: \_\_\_\_\_

6. Status of Position:            a. Full-time        Part-time        Hourly   

   b. Permanent        Temporary        On Call   

7. Work Schedule:            Days \_\_\_\_\_ Hours \_\_\_\_\_

8. A. The name and title of your immediate supervisor:

Name	Title

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B. Other person(s) from whom you receive work assignments:

_____	_____
Name	Title
_____	_____
Name	Title
_____	_____
Name	Title

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**SECTION A-II: DESCRIPTION OF DUTIES**

1. In the space provided on the following page, please describe the significant changes in the duties you perform in the usual course of your work, beginning with the most important duties, and ending with the less important duties. Describe only your year-round duties. **Do not** record duties performed only during peak periods or when someone else is gone.

**If your position includes Supervisory responsibilities**, please complete the supplemental **Position Description Form** for supervisory positions. Also, in your description of duties on the following form, be sure to indicate how much of your time is spent performing various supervisory duties.

- Column 1** Task No. Please number the tasks sequentially as you list them.
- Column 2** % Please indicate the approximate percentage of time spent on each task.
- Column 3** Frequency Please indicate the frequency with which each task is performed. E.g., daily, weekly, monthly, etc.
- Column 4** Description Please describe the various tasks you perform in you job. (Refer to directions stated above).

**Description of Duties**

<b>Task No.</b>	<b>%</b>	<b>Freq.</b>	<b>Description</b>

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2. List any machines, tools, or equipment (including motor vehicles) that you use regularly in your work.

<b>Machines/Tools/Equipment</b>	<b>How Often (daily, monthly, etc.)</b>	<b>Estimated % of working time</b>

3. If the position requires typing or shorthand, estimate the percentage of your working time is spent using these skills.

	<b>How Often (daily, monthly, etc.)</b>	<b>Estimated % of working time</b>
Typing:		
Shorthand:		

4. a. What manuals or other references do you use in performing your work?

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b. Are there general and/or specific guidelines that you must follow in performing your work:

Yes       No      If so, please explain:

5. a. Explain which aspects of your work are reviewed, by whom, and how often.

Aspect	Reviewed by	How Often

b. How would errors in your work normally be detected?

6. In your opinion, what part of your job requires the greatest skill and/or is the most difficult?  
Please explain why it is difficult.

7. a. Are there problems that you must solve as part of your job?

Yes       No

If so, please give examples of the most difficult ones and explain how they are solved.  
Indicate how often this type of problem arises.

b. What kinds of problems do you refer to your supervisor?

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Give examples.

8. What decisions must you make as part of your job? Give examples of the most difficult ones, and explain what factors are considered in making these decisions and how often they occur.

9. a. What decisions do you make without reference to a higher authority?

b. What decisions require the approval of a higher authority?

10. Would time, money, property, public welfare or service be lost if you made an error in judgement or accuracy?

Yes       No

If so, please describe.

11. Does your job involve contact with people outside your department?

Yes       No

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If so, please indicate with whom and for what purpose you have these contacts, and how frequently they occur.

- 12. Please use this space to provide any additional information about your job which you feel has not been covered by the previous questions.

**Certification:**

I hereby certify that to the best of my knowledge and belief, the statements made herein are accurate and complete.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**California State University, San Bernardino**  
**Reclassification**

Human Resources Department SH-110

**Part A**

**Request for**