

Class Log Number	Approved Title	Title Code	Grade	UCOP HR Signature	UCOP HR Approval Date	Effective Date of Action

## University of California, Office of the President POSITION DESCRIPTION FORM

<b>ACTION REQUESTED:</b>				
<input type="checkbox"/> <b>Reclassification -- Proposed Classification:</b> <input type="checkbox"/> <b>New Position -- Proposed Classification:</b> <input type="checkbox"/> <b>Updated Description</b>				
<b>APPOINTMENT TYPE:</b> Regular <input type="checkbox"/> Limited Term <input type="checkbox"/> Contract: <input type="checkbox"/>				
<b>Name:</b>		<b>Current Payroll Title:</b>		<b>Working Title (if different)</b>
<b>Division:</b>		<b>Department:</b>		<b>Unit:</b>
<b>Immediate Supervisor:</b>		<b>Title:</b>		<b>Work phone:</b>
<b>Title Code:</b>	<b>% of Time</b>	<b>Background Check Required:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		<b>Employee Relations Code:</b>
			<b>Collective Bargaining Unit:</b>	

*Complete this job description as accurately as possible. An organization chart MUST accompany this position description form.*

### SECTION I (Purpose and Duties)

1. **POSITION SUMMARY:** Briefly summarize (in no more than five sentences) the purpose of this position.

2. **DUTIES/RESPONSIBILITIES:** Briefly describe the most important duties performed in the normal course of work. List, in order of importance, the specific duties performed on a regular basis. Estimate the percentage of time spent on each duty. *Essential responsibilities are those tasks which are basic, necessary and an integral part of the job. Non-essential responsibilities are those considered peripheral, incidental or a minimal part of the job.*

Estimated Percentage of Time	DESCRIPTION OF DUTIES

3. **PHYSICAL, MENTAL and ENVIRONMENTAL CONDITIONS:** To comply with the Americans with Disabilities Act of 1990 (ADA), which prohibits discrimination against qualified individuals on the basis of disability, it is necessary to specify the physical, mental and environmental conditions of the Essential Duties of the job. Use these codes to complete this section: "F" for frequently; "O" for occasionally; and "N" for not at all.

PHYSICAL	MENTAL	ENVIRONMENTAL
On the job, the employee must: <input type="checkbox"/> Bend <input type="checkbox"/> Sit <input type="checkbox"/> Squat <input type="checkbox"/> Stand <input type="checkbox"/> Crawl <input type="checkbox"/> Walk <input type="checkbox"/> Climb <input type="checkbox"/> Push/Pull <input type="checkbox"/> Kneel <input type="checkbox"/> Handle Objects (manual dexterity) <input type="checkbox"/> Reach above shoulder level <input type="checkbox"/> Use fine finger movements Other _____  Must carry/lift loads of: <input type="checkbox"/> Light (up to 25 lbs.) <input type="checkbox"/> Moderate (25 to 50 lbs.) <input type="checkbox"/> Heavy (over 50 lbs.)	On the job, the employee must be able to: <input type="checkbox"/> Read/comprehend <input type="checkbox"/> Write <input type="checkbox"/> Perform calculations <input type="checkbox"/> Communicate orally <input type="checkbox"/> Reason and analyze Other _____	On the job, the employee: <input type="checkbox"/> Is exposed to excessive noise <input type="checkbox"/> Is around moving machinery <input type="checkbox"/> Is exposed to marked changes in temperature and/or humidity <input type="checkbox"/> Is exposed to dust, fumes, gases, radiation, microwave (circle) <input type="checkbox"/> Drives motorized equipment <input type="checkbox"/> Works in confined quarters Other _____

**4. SPECIAL CONDITIONS OF EMPLOYMENT:**

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Overtime   | <input type="checkbox"/> Travel outside of normal business hours |
| <input type="checkbox"/> Shift work | <input type="checkbox"/> Other (please provide description)      |
| <input type="checkbox"/> Travel     | _____  |

**5. EQUIPMENT, MACHINERY, TOOLS OR MOTOR VEHICLES USED:**

**6. SUPERVISION/DIRECTION RECEIVED:** Indicate the type of supervision the incumbent will receive:

- Close Supervision     Supervision     General Supervision     Direction     General Direction

**Definitions:**  
**Close Supervision** – indicates that the incumbent is assigned duties according to specific procedures. Work is checked frequently, and in addition there may be formal training.  
**Supervision** – indicates that the incumbent performs a variety of routine duties within established policies and procedures or by referral to the supervisor's guidelines.  
**General Supervision** – indicates that the incumbent develops procedures for the performance of a variety of duties; or performs complex duties within established policy guidelines.  
**Direction** – indicates that the incumbent establishes procedures for attaining specific goals and objectives in a broad area of work. Only the final results of the work done are typically reviewed. Incumbent typically develops procedures within the limits of established policy guidelines.  
**General Direction** – indicates that the incumbent receives guidance in terms of broad goals and overall objectives and is responsible for establishing the methods to attain them. Generally the incumbent is in charge of an area of work, and typically formulates policy for this area, but does not necessarily have final authority for approving policy.

**SECTION II (Allocation Factors)**

**A. Knowledge and Skills (the knowledge, skills, and experience required to perform the job)**

**1. JOB REQUIREMENTS:** List specific knowledge, skills, certifications or licenses required to perform the job:

2. **EXAMPLES OF PROFESSIONAL AND TECHNICAL KNOWLEDGE:** Provide examples of how professional or technical knowledge is required to perform the job satisfactorily.

3. **REQUIRED KNOWLEDGE OF INSTITUTIONAL POLICIES, PROCEDURES, RULES AND PRACTICES:** Provide examples of those needed to carry out the responsibilities of the job.

## **B. Innovation/Creativity (the original thinking required to create, evaluate and produce work)**

1. **CREATIVE ACTIVITIES:** Describe those creative activities related to this position in which the incumbent is engaged. List examples of these activities.

2. **INDIVIDUAL AND TEAM PROJECTS:** Describe individual and team projects that the incumbent is generally responsible for. Indicate if the incumbent is expected to lead the project and/or team in these efforts.

## **C. Judgment/Decision-Making (the judgment and analytical ability to arrive at sound conclusions)**

1. **TYPICAL ISSUES OR PROBLEMS:** Provide examples of the issues or problems that the incumbent is typically required to resolve. For example, how well are issues defined and what facts are available.
  
2. **DECISIONS AND PROJECTS REVIEW:** How are the most significant decisions or projects reviewed, for what purpose, and by whom?
  
3. **PLANNING AND POLICY MAKING:** List examples of planning and policy-making activities for which the incumbent is directly responsible.

#### **D. Accountability/Level of Authority (the responsibility for actions, decisions, communications, and recommendations that affect the organization)**

1. **INDEPENDENCE OF ACTION / DECISION-MAKING RESPONSIBILITY:** Describe the types of decisions made, including level of analysis and approval authority.
  
2. **CONSEQUENCES OF ERRORS:** What are the likely consequences of an error resulting from the incumbent's actions or decisions that impact staff, financial resources, equipment, or facilities? Consider only those that have a high probability of occurring.

#### **E. Resource Management (the responsibility to plan, organize, allocate, and control human, space, systems, and financial resources to meet organizational and/or programmatic goals)**

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1. **SUPERVISORY RESPONSIBILITIES:** Describe the supervisory responsibilities vested in the incumbent's position. Include positions reporting directly to the incumbent, as well as positions reporting indirectly.

NAME	TITLE	TYPE	
		Direct <input type="checkbox"/>	Indirect <input type="checkbox"/>
		Direct <input type="checkbox"/>	Indirect <input type="checkbox"/>
		Direct <input type="checkbox"/>	Indirect <input type="checkbox"/>
		Direct <input type="checkbox"/>	Indirect <input type="checkbox"/>
		Direct <input type="checkbox"/>	Indirect <input type="checkbox"/>
		Direct <input type="checkbox"/>	Indirect <input type="checkbox"/>
		Direct <input type="checkbox"/>	Indirect <input type="checkbox"/>
		Direct <input type="checkbox"/>	Indirect <input type="checkbox"/>
		Direct <input type="checkbox"/>	Indirect <input type="checkbox"/>
		Direct <input type="checkbox"/>	Indirect <input type="checkbox"/>

**Rate the level of authority for the positions which the incumbent *directly* supervises.** Please use the following definitions:

- (1) **Recommend:** incumbent makes a specific suggestion to his/her supervisor who takes the necessary action;
- (2) **Substantial Weight:** the higher-level manager/supervisor customarily gives substantial weight to the incumbent and follows their recommendation, or
- (3) **Independent Action:** the incumbent takes action then informs supervisor of what has been done.

Tasks	No Authority	Recommend	Substantial Weight	Independent Action
1. Interviewing and hiring employees				
2. Assigning tasks & directing work (see notes)				
3. Approving overtime and/or leave				
4. Performance evaluation (see notes)				
5. Merit increases				
6. Promotion and reclassification (see notes)				
7. Discipline and Discharge				
8. Complaint and grievance resolution				

2. **MANAGEMENT OF FUNDS:** Describe the degree to which the incumbent is directly responsible for the management of funds. Indicate the variety of funding sources under the incumbent's control:

Type of Budget	Number of Budgets	Total \$
Operating Funds		
Contracts and Grants		
Recharge Operations		
Generated Income Funds (e.g., professional fees, etc.)		
Endowments		
Other Sources		

3. **EQUIPMENT, FACILITIES, SPACE RESPONSIBILITIES:** Describe to what degree the incumbent has responsibility for equipment, facilities, space and/or materials.

4. **SIGNIFICANT CONTACTS:** Categorize, by job title functions, the types of people and/or organizations with whom regular contact is a part of the job. Briefly describe the purpose of the contact (provide advice/counsel, negotiation, receipt of information, purchase request, etc.)

Title	Organization	Purpose	How Often

**SIGNATURES:**

I certify that the above position description is correct, complete and describes my job as I understand it. I have read and understand the Overtime Payment statement.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Employee Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have reviewed the job description and above statement and find that they are accurate and complete to the best of my knowledge:

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

I have reviewed the job description and above statement and find that they are accurate and complete to the best of my knowledge:

\_\_\_\_\_  
Department Head's Signature

\_\_\_\_\_  
Date