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| **Reason for Submission:** | **Date:** |
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| Current Job Title: |  | | | PCN: | |  | |
| Department: |  | | | Division: | |  | |
| Class Code: | | Range: | FTE: | | | | Status: Choose an item. |
| FLSA: Over-time eligible: Yes  No  Exemption(s): | | | Bargaining Unit:  None  MEBA  PSEA  IAFF | | | | |
| Supervisor’s Title: | | | Supervisor’s PCN: | | | | |
| **Section I: Position Overview**  (Briefly summarize the main purpose, service, or product for the existence of the position) | | | | | | | |
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| **Job Duties**  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. Primary responsibilities are those tasks that are basic, necessary, and an integral part of the job. Other responsibilities are those considered peripheral, incidental, or a minimal part of the job. | | | | | | | |
| **Functional Area:** | | | | | **Estimated Percentage of Time:** | | |
| Duties and Responsibilities: | | | | | | | |

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| **Functional Area:** | **Estimated Percentage of Time:** |
| Duties and Responsibilities: | |
| **Functional Area:** | **Estimated Percentage of Time:** |
| Duties and Responsibilities: | |
| **Functional Area:** | **Estimated Percentage of Time:** |
| Duties and Responsibilities: | |
| **Functional Area:** | **Estimated Percentage of Time:** |
| Duties and Responsibilities: | |
| **Other duties as assigned:** | **Estimated Percentage of Time:** |
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| **Licenses and Certifications Required**  **(CPR, First Aid, CDL or Alaska Driver’s License, Professional Licenses etc.)** | |
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| **Section II: Physical, Mental, and Environmental Conditions & Requirements** |
| To comply with the Americans with Disabilities Act of 1990 (ADA), Occupational Safety Health Administration (OSHA), and Blood-borne Pathogens Standards, it is necessary to specify the physical, mental, and environmental conditions of the ESSENTIAL DUTIES of the job. Use the following codes to complete this section: |

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| **NA:** Not required of the position  **NE:** Required, not essential of the position | **O:** Occasional, up to 33% of the time; ESSENTIAL of the position  **F:** Frequent, ESSENTIAL of the position |

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| **PHYSICAL:**  **Bend:** Choose an item.. **Sit:** Choose an item. **Squat:** Choose an item. **Stand:** Choose an item.  **Crawl:** Choose an item. **Walk:** Choose an item. **Climb:** Choose an item. **Kneel:** Choose an item.  **Swim:** Choose an item. **Lifting (up to 20lbs):** Choose an item. **Lifting (20lbs-50lbs):** Choose an item.  **Lifting (over 50lbs):** Choose an item. **Push/Pull objects:** Choose an item. **Read:** Choose an item.  **Hold/handle objects:** Choose an item. **Reach above shoulder level:** Choose an item.  **Distinguish Colors:** Choose an item. **Hearing conversation/sounds:** Choose an item.  **Distinguish odors by smell:** Choose an item. **Use fine finger movements:** Choose an item.  **Use of hazardous equipment:** Choose an item. **Seeing objects at a distance:** Choose an item.  **Seeing objects peripherally:** Choose an item. **Seeing close work (e.g. typed print):** Choose an item.  **Other:** Choose an item. |
| **MENTAL:**  **Read/Comprehend:** Choose an item. **Write:** Choose an item. **Perform Calculations:** Choose an item.  **Problem solving:** Choose an item. **Reason and Analyze:** Choose an item. **Multi-task:** Choose an item.  **Work Cooperatively w/others:** Choose an item. **Direct, control, and plan:** Choose an item.  **Perform under constant/changing deadlines:** Choose an item. **Influence people:** Choose an item.  **Manage confidential information:** Choose an item. **Comprehend and follow instructions:** Choose an item.  **Make presentations to public forums/committees:** Choose an item.  **Manage and/or lead work of others:** Choose an item. **Other:** Choose an item. |
| **ENVIRONMENTAL:**  **Is exposed to excessive noise:** Choose an item. **Is around moving machinery:** Choose an item.  **Works in confined spaces:** Choose an item. **Work at heights (towers, poles):** Choose an item.  **Exposed to changes in temperature and/or humidity:** Choose an item.  **Exposure to infection, germs, or contagious diseases:** Choose an item.  **Exposure to insect bites/stings:** Choose an item. **Exposure to electrical current (not outlets):** Choose an item.  **Exposure to materials potentially contaminated by blood or bodily fluids:** Choose an item.  **Driving cars/trucks/boats:** Choose an item. **Driving heavy equipment:** Choose an item.  **Other:** Choose an item. |

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| **Special Requirements of Employment** |

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| Overtime | Must be willing to work nights and/or weekends. | | Must be available for on-call assignments and/or alternate work schedule |
| Shift Work | Travel outside of normal business hours & outside normal hours. | | Travel, to include overnight stays. |
| Must comply with all workplace safety requirements. | | | |
| Other: | | | |
| **Section III: Supervisory Responsibilities and Authority** | | | |
| No Authority (NA) | | Position does not have authority to take action. | |
| Recommend (R) | | May make suggestions of action to their supervisor. | |
| Prior Approval (PA) | | Position must inform supervisor and obtain approval before taking action. | |
| Complete Authority (CA) | | Incumbent is authorized to take action without approval from their supervisor; must inform supervisor of any action taken. | |
| Indicate if the position is a Supervisor OR a Lead.  **This position is a Supervisor: Yes  No  This position is a Lead: Yes  No**  The boxes below are used to designate this positon’s level of authority and responsibility. | | | |
| **PCN(s):** | | **Job Title(s):** | |

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| Train | Evaluate Performance | Schedule Work | Authorize Leave | Certify Timesheets |  | Appoint/Promote | Authorize Overtime | Discipline | Adjudicate Grievances |
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| **PCN(s):** | **Job Title(s):** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| **Certifications:**  I have reviewed this position description and certify that all the information cited above is accurate and complete to the best of my knowledge. | |
| Employee (required\*): | Date: |
| Supervisor (required\*): | Date: |
| Division Head: | Date: |
| Department Director (required\*): | Date: |

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| **COMMENTS**  (desirable attributes, special software or equipment used, proposed changes to minimum qualifications) |
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