

POSITION DESCRIPTION ACTION FORM
(NON-DELEGATED AGENCIES)
DIVISION OF HUMAN RESOURCES

PURPOSE:

The Position Description Action Form provides a current record of the major responsibilities of the described position that is necessary in determining proper classification. It is essential that this summary be complete and accurate.

ORGANIZATIONAL CHART:

Attach a current organization chart showing this position and its relationship to other positions in the department, bureau, section, and/or unit. Include employee names, job classifications, and PCN's.

1. **PRIMARY PURPOSE:** Briefly state your position's primary purpose in one or two sentences.

2. **POSITION CHANGES (Only complete if requesting a reclassification):** How has this position changed since it was last reviewed? Indicate why changes occurred and if anyone was previously performing these functions.

3. **RESPONSIBILITIES:** Information in this section is intended to document specific job duties by major areas of responsibility. This will require you to group specific duties and/or tasks into like areas or major headings. The percent (%) column should identify the amount of time devoted to the like areas or major headings only. For example, a supervising Chemist might have major responsibilities of supervision 45%, research 25%, and chemical analysis 30%.

DUTIES OR TASKS: List the individual duties or tasks specific and most critical to that responsibility under the major heading. Avoid unclear terms such as "assist", "help", "is responsible for", etc. You do not need to list minor tasks such as sharpening pencils, turning on a PC, etc.

RESPONSIBILITIES (MOST IMPORTANT TO LEAST IMPORTANT) Duties/and tasks listed under major headings	%

4. **SUPERVISION: Does this position supervise others?** Yes No
Describe what the position does (e.g. hiring, hiring recommendations, performance evaluations, work assignment, etc.) and list the job classification(s) and number of positions supervised.

5. **DECISION-MAKING AUTHORITY: What types of decisions or recommendations can this position make?** Please give two or three examples.

How do these decisions or recommendations impact others and what is the result of error?

What actions does this position have the authority to approve or deny? Please give two or three examples.

6. **CONTACT WITH OTHERS: What individuals in other departments and outside of state government does the position work with? Include how often and for what purpose. (This can be generalized to departments rather than individuals.)**
7. **What knowledge, skills, and abilities do you consider most critical for a new employee to bring to this position?**
8. **If you have any additional information regarding the classification of this position, please explain.**

The signature below indicates that the information provided is accurate and complete.

Incumbent's Signature (if applicable)

Date

Supervisor's Signature

Date

Supervisor's Classification _____