



STATE OF MISSOURI
 OFFICE OF ADMINISTRATION
 DIVISION OF PERSONNEL
POSITION DESCRIPTION

OFFICE OF ADMINISTRATION DIVISION OF PERSONNEL STAFF USE ONLY

TITLE/TITLE CATEGORY NO.	LONG DESCRIPTION	DATE	ACTION TAKEN
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ITEMS TO BE FILLED IN BY AGENCY PERSONNEL OFFICE #1-5

1. AGENCY NAME	AGENCY NUMBER / ORGANIZATION NUMBER / POSITION NUMBER		
2. TITLE NUMBER AND LONG DESCRIPTION			
3. LOCATION CODE AND COUNTY NAME	DIVISION / FACILITY NAME		
4. TYPE OF REVIEW <input type="checkbox"/> NEW POSITION <input type="checkbox"/> PROBATIONARY REVIEW <input type="checkbox"/> EXISTING POSITION <input type="checkbox"/> SPECIAL STUDY	5. DO YOU BELIEVE THIS POSITION IS CORRECTLY CLASSIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN IN ITEM #33.		

ITEMS TO BE FILLED IN BY EMPLOYEE #6-23

6. NAME	7. SOCIAL SECURITY NUMBER		
8. WORKING TITLE	9a. HOW LONG HAVE YOU BEEN IN THIS POSITION?	9b. HOW LONG HAVE YOU WORKED FOR THIS AGENCY?	
10. DO YOU BELIEVE YOUR PRESENT CLASSIFICATION IS CORRECT? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF NO, EXPLAIN IN ITEM #22)			
11. HAVE YOUR PERMANENT DUTIES CHANGED? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, EXPLAIN WHEN & HOW DUTIES HAVE CHANGED IN ITEM #22)			
12. NAME AND TITLE OF IMMEDIATE SUPERVISOR			
13. NAMES AND TITLES OF OTHERS WHO MAY ASSIGN AND EVALUATE YOUR WORK			
14. WORK SCHEDULE: INDICATE DAYS AND HOURS YOU WORK (EXPLAIN ROTATING SHIFTS, ON-CALL DUTIES OR OTHER UNUSUAL SCHEDULES)			
15. TRAVEL REQUIREMENTS: INDICATE PURPOSE AND FREQUENCY OF TRAVEL, AND WHETHER DAY OR OVERNIGHT			
16. CONTACTS (PERSONAL, TELEPHONE, CORRESPONDENCE, ETC.): IF AN IMPORTANT PART OF YOUR WORK IS CONTACT WITH OTHERS, DESCRIBE PURPOSE AND FREQUENCY (DO NOT INCLUDE CO-WORKERS)			
17. PHYSICAL EFFORT: DESCRIBE PHYSICAL EFFORT REQUIRED (EXAMPLES: LIFTING, STANDING, WALKING)			
18. EQUIPMENT / SOFTWARE OPERATED: LIST ANY SPECIALIZED EQUIPMENT YOU REGULARLY USE DURING YOUR WORK			

19. SUMMARIZE THE **PRIMARY** DUTIES AND RESPONSIBILITIES OF YOUR POSITION

20. DUTY STATEMENT:

- DESCRIBE IN DETAIL YOUR **PERMANENT** DUTIES & RESPONSIBILITIES
- LIST YOUR MOST IMPORTANT DUTIES FIRST
- USE YOUR OWN WORDS
- INDICATE TIME SPENT ON EACH DUTY

TIME <i>(Percentages, Hours or Fractions)</i>	DUTIES

(Additional sheets may be attached if necessary.)

21. SUPERVISION EXERCISED (INDICATE "NONE" IF THIS ITEM DOES NOT APPLY TO YOU)

- a. TOTAL NUMBER OF EMPLOYEES THAT YOU SUPERVISE: _____
- b. PERCENTAGE OF TIME SPENT ON SUPERVISION AND RELATED DUTIES: _____
- c. IF YOU **DIRECTLY** SUPERVISE 5 OR LESS EMPLOYEES, GIVE NAMES AND TITLES.
IF YOU **DIRECTLY** SUPERVISE MORE THAN 5 EMPLOYEES, GIVE TITLES AND NUMBER OF EACH.

- d. AS A SUPERVISOR, DO YOU:
 - MAKE DAILY WORK ASSIGNMENTS? YES NO
 - INTERVIEW AND MAKE HIRING RECOMMENDATIONS? YES NO
 - APPROVE AND DISAPPROVE LEAVE REQUESTS? YES NO
 - RECOMMEND DISCIPLINARY ACTIONS? YES NO
 - REASSIGN JOB DUTIES ON PERMANENT BASIS? YES NO
 - PREPARE AND CONDUCT PERFORMANCE APPRAISALS? YES NO
- e. IS THE PRIMARY EMPHASIS OF YOUR WORK THE TECHNICAL SKILL USED OR THE SUPERVISION OF OTHER EMPLOYEES?
 - TECHNICAL
 - SUPERVISORY

22. ADDITIONAL INFORMATION AND COMMENTS (ADDITIONAL SHEETS MAY BE ATTACHED IF NECESSARY)

ITEM NO.	
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EMPLOYEE'S SIGNATURE	DATE
23.	

ITEMS TO BE FILLED IN BY IMMEDIATE SUPERVISOR #24-32

24. DO YOU BELIEVE THIS POSITION IS CORRECTLY CLASSIFIED? YES NO (IF NO, PLEASE EXPLAIN)

25. ARE THE STATEMENTS OF THE EMPLOYEE ACCURATE AND COMPLETE? (INDICATE INACCURACIES AND INCOMPLETE ITEMS.)

26. IDENTIFY THE **ESSENTIAL** DUTIES AND RESPONSIBILITIES OF THE POSITION

27. SUMMARIZE THE JOB SKILLS AND ABILITIES NECESSARY TO PERFORM THE **PRIMARY** DUTIES OF THIS POSITION

28. DESCRIBE SPECIALIZED TRAINING PROVIDED BY EMPLOYER FOR EMPLOYEE IN THIS POSITION

29. LIST REQUIRED LICENSES, REGISTRATIONS OR CERTIFICATIONS

30. SUPERVISION PROVIDED TO THIS POSITION:

CLOSE GENERAL ADMINISTRATIVE OR POLICY DIRECTION

31. ADDITIONAL INFORMATION AND COMMENTS (ADDITIONAL SHEETS MAY BE ATTACHED IF NECESSARY)

ITEM NO.

SUPERVISOR'S SIGNATURE

DATE

32.



ITEMS TO BE FILLED IN BY APPOINTING AUTHORITY OR DESIGNEE # 33-34

33. ADDITIONAL INFORMATION AND COMMENTS (ADDITIONAL SHEETS MAY BE ATTACHED IF NECESSARY)

ITEM NO.

APPOINTING AUTHORITY'S OR DESIGNEE'S SIGNATURE

DATE

34.

