

3. SPECIFIC DUTIES AND RESPONSIBILITIES

A. Representative Duties and Responsibilities

Describe in detail the regular duties and work that you perform describing each duty in a separate numbered statement. Begin with those duties that you consider to be most important. Describe each duty thoroughly by stating specifically what you do and how you do it. In the column on the right side, indicate the approximate percent of your total time you spend performing each duty (total time should equal 100%).

(How often performed? D=Daily, W=Weekly (at least once), M=Monthly (at least once), Y=Yearly (at least once or twice)).

#	Representative Duties and Responsibilities	% of Time	How Often Performed?
1			
2			
3			
4			
5			

B. What machinery or equipment do you use in performing these tasks?

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C. What other duties do you perform on an irregular or periodic basis (weekly, monthly, or annually)?

Other Duties	How Often?

4. CONTACT WITH OTHERS

A. Internal Contacts

With what other District departments/positions do you come in contact? What is the reason for the contact? How often? *If each day or so, use "continuous", if each week or so, use "frequent", if every several months, use "moderate", if once every six months or more, use "infrequent".* You may attach additional comments, if necessary.

Department/Position	Reason for Contact	How Often?

B. Outside Contacts

With what other organizations, agencies or authorities outside the District do you come in contact (if any) during the normal course of your duties? What is the reason for this contact? How frequently (“continuous”, “frequent”, “moderate” or “infrequent”)?

Outside Organization	Reason for Contact	How Often?

5. RECORDS AND REPORTS

A. Records

What records do you regularly maintain or prepare?

B. Reports

What reports do you prepare or supervise the preparation of? How often are these prepared?

Title of Report	Reason for Report	Sent to	How Often?

6. DECISIONS

A. Type

Describe the most difficult and/or major decisions you make in the course of your work.

B. Degree of Independence

What review is made of your decisions by others? Who reviews? For what reason? Do you work independently or with your supervisor closely available?

C. Financial Impact

What is the amount and type/name of the budget for which you have direct accountability (include salaries of subordinates)?

What is the greatest expenditure you can authorize (signature authority)?

Are there other direct or indirect measures of financial impact of your positions?

7. SUPERVISION

A. Subordinates

List the classification titles of employees whom you supervise directly (you are responsible to complete their performance appraisals) and indirectly. Indicate number of employees in each classification. You may include students.

DIRECTLY		INDIRECTLY	
Classification	#	Classification	#

B. Do you have responsibility for selection of personnel, appraisal of performance, and such actions as salary increases, promotions, discipline, reassignment or terminations?

YES

NO

If yes, please describe below:

8. KNOWLEDGE AND ABILITIES

A. Knowledge

List the specific areas of knowledge that a person must possess to successfully perform your job. Some of the areas to consider are laws, regulations, codes, technical aspects, policies, procedures, practices, terminology, software applications, equipment operation materials, curriculum or subject matter.

B. Abilities

List the specific abilities that a person must possess to successfully perform your job. Some of the areas to consider are abilities to perform certain functions, plan, create, explain, develop, prepare, maintain, repair, operate, administer, coordinate, and review.

9. EDUCATION, TRAINING AND EXPERIENCE REQUIREMENTS

Indicate the qualifications and requirements for successful performance which should be required in filling a future vacancy in your classification. Describe what you believe is necessary for proper performance, not necessarily your own qualifications. Indicate your reasons for selecting these requirements.

Minimum Formal Education:

Specialized Training (Years and Type):

Previous Experience (Years and Type):

Licenses, Certification or Registration (list whether it is required by State, District or other):

Training Period (required for a new employee possessing the qualifications above):

10. WORKING CONDITIONS

In order to comply with government regulations related to working conditions and physical requirements, please complete the following section.

Work Environment: What is the work environment or location in which you perform your duties? (Examples include: standard office, indoor/outdoor, traveling to different locations, and exposure to interruptions or “customer service” responsibilities.

11. OTHER FACTORS

If you wish to present additional information about your job, use this space; additional sheets may be attached if needed.

I HAVE READ THE INSTRUCTIONS AND TO THE BEST OF MY KNOWLEDGE, I BELIEVE THE INFORMATION PRESENTED HERE IS ACCURATE AND COMPLETE.

Signature of Employee

Date