

POSITION DESCRIPTION FORM (PD-102R-92) STATE OF NORTH CAROLINA (PD-102R-92)		Approved Classification: _____ Effective Date: _____ Analyst: _____	
1. Present Classification Title of Position	7. Pres. 15 Digit Pos. No.	Prop. 15 Digit Pos. No	
2. Usual Working Title of Position	8. Department, University, Commission or Agency		
3. Requested Classification of Position	9. Institution & Division		
4. Name of Immediate Supervisor	10. Section and Unit		
5. Supervisor's Position Title & Position Number	11. Street Address, City and County		
6. Name of Employee	12. Location of Workplace, Bldg. and Room No.		

SECTION I. GENERAL INFORMATION

See specific instructions attached for completion of Sections I through III.

A. Primary Purpose of Organizational Unit:

B. Primary Purpose of Position:

C. Work Schedule:

D. Change in Responsibilities or Organizational Relationship:

SECTION II. DUTIES AND RESPONSIBILITIES

Method Used (Check one): ? Order of Importance ? Sequential Order

Place an asterisk () next to each essential function (See instructions for complete explanation). Please note percentage of time for each function.*

A. Description of Duties and Responsibilities

B. OTHER POSITION CHARACTERISTICS:

1. Accuracy Required in Work:

2. Consequence of Error:

3. Instructions Provided to Employee:

4. Guides, Regulations, Policies and References Used by Employees:

5. Supervision Received by Employee:

6. Variety and Purpose of Personal Contacts:

7. Physical Effort:

8. Work Environment and Conditions:

9. Machines, Tools, Instruments, Equipment and Materials Used:

10. Visual Attention, Mental Concentration and Manipulative Skills:

11. Safety for Others:

12. Dynamics of Work:

SECTION III. KNOWLEDGES, SKILLS & ABILITIES AND TRAINING/EXPERIENCE REQUIREMENTS:

A. Knowledge, Skills and Abilities:

B. Training and Experience Requirements
1. Required Minimum Training

2. Additional Training/Experience:

3. Equivalent Training and Experience:

C. License or Certification Required by Statute or Regulation:

SECTION IV. CERTIFICATION:

Signatures indicate agreement with all information provided, including designation of essential functions.

Supervisor Certification: I certify that (a) I am the Immediate Supervisor of this position, that (b) I have provided a complete and accurate description of responsibilities and duties, and (c) I have verified (and reconciled as needed) its accuracy and completeness with the employee.

Signature Title Date

Employee Certification: I certify that I have reviewed this position description and that is complete and accurate description of my responsibilities and duties.

Signature Title Date

Section or Division Manager Certification: I certify that this position description, completed by the above-named immediate Supervisor, is complete and accurate.

Signature Title Date

Department Head or Authorized Representative Certification: I certify that this is an authorized, official position description of the subject position.

Signature Title Date