

POSITION DESCRIPTION FORM (PD-OSS-93) STATE OF NORTH CAROLINA (PD-OSS-93)		Approved Classification: _____ Effective Date: _____ Analyst: _____ <small>(This Space for Personnel Dept. Use Only)</small>	
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.		

See specific instructions attached for completion of Section I through V.

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

SECTION I. GENERAL INFORMATION

A. Primary Purpose of Organizational Unit

B. Primary Purpose of Position

C. Persons for Whom the Individual Performs Duties (Other Than Immediate Supervisor)

D. Flexibility

E. 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. Public Contact

B. Records and Reports

C. Composition

D. Office Equipment Operation

E. Files

F. Mail

G. Supervision Exercised

H. Other

See instructions on page 8 concerning completion of this section

SECTION III. PERCENTAGE OF TIME, RANK/ORDER OF IMPORTANCE BY FUNCTIONAL AREA

See instructions on page 8 concerning completion of this table.

Functional Area	Percentage Based on ALL Functions	Rank of Importance	Functional Area	Percentage Based on ALL Functions	Rank of Importance
Public Contact			Files		
Records and Reports			Mail		
Composition			Supervision		
Office Equipment Operation			Other		

SECTION IV. ADDITIONAL CONSIDERATIONS

A. Supervision Received

1. Extent Work in Each Function is Supervised

2. Degree of Independence to which Position Exercises Supervisory Responsibilities

B. Resource and Guideline Availability

1. Resources and Guidelines Available in Carrying Out Work

2. Explain What Additional Programs or Operational Knowledge are Available (If Resources and Guidelines are Unavailable)

SECTION V. QUALIFICATIONS REQUIRED

A. Knowledge, Skills and Abilities Required to Perform Job Duties

B. Minimum Amount of Training/Experience Required to Perform Job Duties

C. On-The-Job Training Required to Fully Perform Duties