



Position Description Form

DIVISION OF PERSONNEL USE ONLY

INSTRUCTIONS

**Complete the Position Description Form (PD)
in your own words.**

Sign and Date the completed copy.

Forward the completed PD to your immediate supervisor.

**Complete this form in its entirety and do not
leave sections blank.**

**If a section is not applicable to your position, please
indicate "not applicable."**

INCOMPLETE FORMS WILL BE RETURNED.

Name and Date:

Position is currently: Filled Vacant New

**EMPLOYEE SECTION
PART 1 – GENERAL INFORMATION**

Last 4 digits of SSN

Position Number (if unknown, please obtain from supervisor)

Employee Name (Last, First, MI)	
Name of Previous Incumbent (if vacant)	
Current Official Classification Title	
Department	
Division/Bureau/Commission	
Section	
Work Unit	
Work Address	
Immediate Supervisor Name	
Immediate Supervisor Official Classification	
Next Level Supervisor Name	
Next Level Supervisor Official Classification	

PART 2 – PURPOSE OF YOUR POSITION

In 3-5 statements, briefly describe the general purpose of the position. Why does this position exist in the office/department? Please do not focus on duties but rather on the general purpose of the position.

PART 3 – IMPORTANT AND ESSENTIAL DUTIES

- Describe the job duties the position performs. DO NOT copy language from the Classification Specifications when describing the position duties.
- Describe the duties the position performs, starting with the most important. It is not necessary to include minor duties, on which less than 5% of time is spent, unless such duties are significantly important to the position.
- Describe what the position actually does. Be objective and accurate: try not to understate or inflate the position's duties.
- Provide an estimate for each duty in the Approximate Percentage of Time column. The percentage of time for all duties MUST total but cannot exceed 100%.
- If the position has quarterly/annual duties, please specify/clarify in the description of duties, not in the percentage of time calculation.

Duty	Important and Essential Duties	Approx. % of Time
1		
2		
3		
4		
5		

Duty	Important and Essential Duties	Approx. % of Time
6		
7		
8		
9		
10		
TOTAL		

PART 4 – GENERAL INFORMATION

PRINCIPLE CHALLENGES

Describe the most complex duty(ies) of this position.

AUTHORITY AND RESPONSIBILITY

What typical decisions does this position have total authority to make? (no authorization/approval required)

What typical decisions does this position recommend to others to make?

Who reviews or checks the work of this position? How often?

CONTACTS

Please read the following descriptive statements on contacts this position may have, noting in particular, the purpose of the contacts. Mark ALL that apply to the position.

	Contacts are with coworkers or other employees within the agency for the purpose of giving and receiving information.
	Contacts are with employees in other agencies, the general public or outside organization for the purpose of explaining procedures for processing or providing services.
	Contacts with individuals in the agency functioning in centralized role in the department/agency.
	Contacts are with individuals or groups outside the agency for the purpose of planning, coordinating to achieve desired goals, negotiating to obtain agreement on matters of importance, or directing others to comply with applicable rules and regulations.
	Contacts are with individuals or groups outside the organization for the purpose of persuading, motivating, or controlling to obtain desired results; negotiating matters of substantial value to the state, or presenting/defending important matters over which there is stark sharp disagreement.
	Contacts are with high level officials or bodies when major issues of policy are presented and discussed. The worker attempts to reach agreement with others on objectives and courses of action through skilled advocacy and compromise. Discussions may take place in public forums such as committee hearings, in courts of law, or in private meetings of equivalent importance.

FINANCIAL RESPONSIBILITIES

Mark the box for each function that applies to the position. Mark ALL that apply to this position.

		Up to \$50,000	Up to \$100,000	Up to \$1,000,000	\$1,000,000 and over
	Not applicable – no financial responsibilities				
	Budgets – responsible for setting and controlling a budget				
	Budgets – has input into setting a budget				
	Budgets – responsible for staying within an assigned budget				
	Grants – research/application				
	Grants – management				
	Purchase Order Authorization				
	P-Card Coordinator				
	P-Card User				
	Other (Describe) <div style="border: 1px solid black; height: 40px; width: 300px; margin-top: 5px;"></div>				

PART 5 – SUPERVISORY/LEAD WORKER DUTIES

Supervisor	Formally delegated responsibility for planning, assigning, reviewing, and approving the work of two (2) or more full-time employees or three (3) or more .83 full-time equivalent Seasonal employees which includes initiating disciplinary actions, approving leave requests, conducting performance evaluations, and recommending salary increases.
Lead Worker	This is a level of work at which an individual is assigned the ongoing responsibility of scheduling and/or reviewing the work of other coworkers and guiding and training them while performing identical or similar kinds of work.

As defined above, mark the appropriate box below.

Does this position supervise or act as lead worker for any employees?

	Supervise
	Lead Work
	NO Skip to Part 7

PART 6 – SUPERVISORY/LEAD WORKER QUESTIONS

Select the frequency that best describes the time spent supervising. Choose only one (1).

Daily		As Needed	
Weekly		Project Basis Only	
Monthly		In Supervisor's Absence	

Indicate the number of employees this position supervises or leads in each category below. You must enter a number for at least one category of employees if the position is either a supervisor or lead worker.

Full-Time	
Part-Time	
Seasonal/Temporary	
Volunteers	
Indirect Reports*	

*Indirect Reports: Employees who report to a supervisor; supervised by this position.

List the name and job classification title of each employee the position supervises (as indicated above).
 If the name and job classification titles of specific employees are not included, the form will be returned.

Name	Job Classification Title

What is the nature of the supervisory/lead worker duties? Choose one (1) for each function and mark the appropriate box.

Function	Not Applicable	Provide Input	Recommend	Approve
Assign work to others				
Distribute work to others				
Review work of others				
Train employees				
Hire employees				
Promote employees				
Discipline employees				
Dismiss employees				
Authorize leave				
Recommend salary increases				
Establish and/or revise unit procedures				
Establish and/or revise unit policy				

Employee Performance Appraisals	Conduct	Provide Input
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PART 7 – ADDITIONAL COMMENTS

Please provide any additional comments that may help clarify the duties and responsibilities of the position. Include any specific issues associated with the job duties that were not adequately captured on this form. Please specifically detail how any duties assigned to the position have changed.

SIGNATURE OF EMPLOYEE OR INDIVIDUAL COMPLETING THE FORM

By signing this document, I certify that the answers are accurate and complete. I further certify that I am the individual who personally answered the employee portion of this Position Description Form. Falsification of information on the Position Description Form may be grounds for disciplinary actions.

Employee Signature

Date

Employee Name (Please Print)

Phone Number

When you are finished, make a copy of this PD Form for your records and then forward the original PD Form to your immediate supervisor.

**SUPERVISOR REVIEW SECTION
IMMEDIATE SUPERVISOR INSTRUCTIONS**

- After receiving the employee's completed Position Description Form, carefully review the document for accuracy and completeness.
- **DO NOT** change any information the employee has provided.
- Provide any additional information or clarification in this section.
- **DO NOT** leave any questions in this section blank. **INCOMPLETE FORMS WILL BE RETURNED.**
- Sign and date the Position Description Form upon completion and make a copy for your records. **FORMS MISSING SIGNATURES WILL BE RETURNED.**
- Please forward the original Position Description Form to the next level reviewer.

In 3-5 statements, briefly describe the general purpose of the position. Why does this position exist in the office/department? Please do not focus on duties but rather on the general purpose of the position.

What do you consider this position's most important responsibility or performance result?

Indicate any exceptions or additions to the statements made on this document.

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Describe in detail what duties and responsibilities have been added to or deleted from the position since the last review (e.g. prior PD, job posting, etc.)

Added	Deleted	Date

List any education, licenses, certifications or registrations that are required or preferred for this position.

Education, Licenses, Certifications, Registrations	Required	Preferred

Supervisor's Signature

By signing this document, I certify that the above answers in the Supervisor Review Section are accurate and complete. I further certify that I am the individual who personally reviewed the employee section and answered the questions in the Supervisor Review Section of this Position Description Form. Falsification of information on the Position Description Form may be grounds for disciplinary actions.

Supervisor's Signature

Date

Supervisor's Name (Please Print)

Phone Number

Email Address

When you have completed your review, make a copy of the completed Position Description Form for your records and then forward the original Position Description Form to the Appointing Authority, Human Resources, or the next level reviewer for your agency.

APPOINTING AUTHORITY SECTION
APPOINTING AUTHORITY INSTRUCTIONS

- After receiving a completed Position Description Form, carefully review the document for accuracy and completeness. You MAY NOT change any information the employee or supervisor has provided.
- Provide additional information or clarification in the box below.
- Sign and date the Position Description Form upon completion and make a copy for your records. **FORMS MISSING SIGNATURES WILL BE RETURNED.**
- Please include a current organizational chart which identifies the position being reviewed.
- Indicate any exceptions or additions to the statements made on this document in the box below.

APPOINTING AUTHORITY SIGNATURE

By signing this document, I certify that the above answers in the Appointing Authority Section are accurate and complete. I further certify that I am the individual who personally reviewed the employee and supervisor sections and answered the Appointing Authority section of this Position Description Form. Falsification of information on the Position Description Form may be grounds for disciplinary actions.

Appointing Authority Signature

Date

Appointing Authority Name (Please Print)

Phone Number

Email Address

**Please make a copy of the completed Position Description Form for your records.
Mail the original Position Description Form to:**

Division of Personnel
Classification and Compensation Section
State Capitol Complex, Building 3, Suite 500
1900 Kanawha Blvd. E
Charleston, WV 25305
OR email to: DOP.Classcomp@wv.gov