

Position Description Form

This form must be <u>fully</u> completed prior to review from the Division of Personnel. If a section is not applicable to your position, please indicate "not applicable." INCOMPLETE FORMS WILL BE RETURNED AND NOT REVIEWED.

Form Request Purpose:	Position Status:	DIVISION OF PERSONNEL USE ONLY					
☐ Update	Filled						
New Position	☐ Vacant						
Career Progress	New						
Other							
EMPLOYEE SECTION PART 1 – GENERAL INFORMATION							
Position Number (if unknown,	, please obtain from supe	rvisor)					
Employee Name (Last, First,	. MI)						
Current Official Classificatio	n Title						
Department							
Division/Bureau/Commissio	on						
Supervisor (with classification	on)						

PART 2 - 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%.

Important and Essential Duties	Approx. % of Time
Total	100 %

PART 3 – AUTHORITY AND SUPERVISORY/LEAD WORK DUTIES What typical decisions does this position have total authority to make? (Put N/A if not applicable) What typical decisions does this position recommend to others to make? (Put N/A if not applicable) Does this position supervise or act as lead worker for any employees? ☐ Lead Work Supervise NO - Skip to Part 4 Supervisor — Formally delegated responsibility for planning, assigning, reviewing and approving the work of two (2) or more fulltime or part-time equivalent employees. The supervisor's overall role is to communicate organizational needs, oversee employees' performance, provide quidance, support, identify development needs, and manage the reciprocal relationship between staff and the organization so that each is successful. Temporary employees are not included for purposes of this definition. 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. 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** Does this position complete or conduct Employee Performance Appraisals (EPA)?

Conducts EPAs

Provides Input for EPAs

Neither

	Supervisor/Lead Duty	Not Applicable	Provide Input	Recommend	Approve
	Assign work to others				
	Review work of others				
	Train employees				
	Hire employees				
	Discipline employees				
	Dismiss employees				
	Authorize leave				
lease provide	y additional comments or i them as an attachment to tting additional documents	this form.		-	responsibili
	ΡΔΓ	RT 5 – FOR SL	JPERVISOR (USE ONLY	

Supervisor: Describe in detail what duties and last review (e.g. prior PD, job posting, etc.)	responsibilities have been added to or deleted fr	rom the position since the	
Added	Deleted	Date	
	PART 6 – SIGNATURES		
By signing this document, I certify that the em	LOYEE OR INDIVIDUAL COMPLETING THE FORM ployee answers are accurate and complete. I fur oyee portion of this Position Description Form. For disciplinary actions.	rther certify that I am the	
Employee Name	Employee Signature	Date	
By signing this document, I certify that the abo	SIGNATURE OF SUPERVISOR ove answers in the Supervisor Review Section are sonally reviewed the employee section and answeription.		
 Supervisor Name	Supervisor Signature	 Date	
By signing this document, I certify that I have its information as an attachment. I further cer	TURE OF APPOINTING AUTHORITY The reviewed this document and will submit any contribution to the review of the review of the review of the Position Description Form may be ground the Position Positio	viewed the employee and	
Appointing Authority Name	Appointing Authority Signature	 Date	

Please submit completed copies of this form to the Division of Personnel's Classification and Compensation section at dopclassandcomp@wv.gov. Forms with blank section or missing signatures will not be reviewed.