



Position Description Form

This form must be fully 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.

Employment Classification:

Classified Classified-Exempt

Form Request Purpose:

Update Filled
 New Position Vacant
 Career Progress New
 Other

DIVISION OF PERSONNEL USE ONLY

EMPLOYEE SECTION
PART 1 – GENERAL INFORMATION

Position Number (if unknown, please obtain from supervisor)

Employee Name (Last, First, MI)	
Current Official Classification Title	
Department	
Division/Bureau/Commission	
Supervisor (with classification)	

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 underestimate 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

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?

Supervise Lead Work 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 guidance, 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

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

Supervisor/Lead Duty	Not Applicable	Provide Input	Recommend	Approve
Assign work to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review work of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Train employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hire employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discipline employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dismiss employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Authorize leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 4 – ADDITIONAL COMMENTS

If you have any additional comments or information that may help clarify the duties and responsibilities of this position, please provide them as an attachment to this form.

Are you submitting additional documents: Yes No

PART 5 – FOR SUPERVISOR USE ONLY

If you are a supervisor who disagrees with or wishes to provide additional details to any statement made in this document, please do so below.

Supervisor: 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

PART 6 – SIGNATURES

SIGNATURE OF EMPLOYEE OR INDIVIDUAL COMPLETING THE FORM

By signing this document, I certify that the employee 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 Name

Employee Signature

Date

SIGNATURE OF SUPERVISOR

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.

Supervisor Name

Supervisor Signature

Date

SIGNATURE OF APPOINTING AUTHORITY

By signing this document, I certify that I have reviewed this document and will submit any concerns I have regarding its information as an attachment. I further certify that I am the individual who personally reviewed the employee and supervisor sections. Falsification of information on the Position Description Form may be grounds for disciplinary actions.

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 dopclasscomp@wv.gov. Forms with blank section or missing signatures will not be reviewed.