



AUBURN UNIVERSITY

HUMAN RESOURCES

Position Description Form

INSTRUCTIONS: *This form is designed to collect detailed information for the purpose of evaluating Auburn University positions. Please review this form and complete it as fully as you possibly can. Enter your responses and return it to your supervisor upon completion.*

Date

Employee Name

Current Position # / Title

Proposed Position Title

Division Name

Org Name

Supervisor Name

This form is being used for the purpose of (select one):

Reclassification of a Vacant Position

Reclassification of an Occupied Position

New Position

Other If Other, please explain:

Please provide details related to the business need that prompted the request and provide any supporting information that will be useful in the review of the request. For reclassifications, please provide details relating to the change of duties (vacant or filled) and the reasoning for the request. For new positions, please provide details relating to the business need.

POSITION SUMMARY: *Please summarize the primary purpose of the position and explain why the position exists. Be brief but specific, no more than two to three sentences. It should give the reader an immediate impression of the position's overall intent.*

POSITION DUTIES: *Please list the specific duties and responsibilities of the position and provide a breakdown of the approximate percentage (no less than 10 percent) of time spent, on average, on each duty (separate activities as opposed to grouping them). Begin statements with action verbs.*

Position Duties

% of time

New Duty?

1)

2)

3)

4)

5)

6)

Position Duties - continued

% of time

New Duty?

7)

8)

9)

10)

To whom does this position report? Please provide employee name and title.

Job Title(s) and names of employees supervised by this position.

EDUCATION: *Indicate the minimum level of education generally necessary to effectively perform the position's responsibilities.*

Level of Education, Vocational or other training	Specific Major, Concentration, or Area of Learning	Years of Experience	Required or Preferred
Example:			
<i>Bachelor's Degree</i>	<i>Finance or Accounting</i>	<i>4</i>	<i>Required</i>
<i>Master's Degree</i>	<i>Business Administration</i>	<i>2</i>	<i>Preferred</i>

Type of Experience - describe the significant type of work experience a person must have to be successful in this position.

Example for Accountant II: Experience analyzing financial information and providing results & recommendations to improve the financial position for area(s) of responsibility. Experience shows progressively increasing levels of responsibility and accountability.

LICENSES/CERTIFICATIONS: *Indicate special licenses and certifications that are required or preferred for this position.*

Type	Sponsoring Organization	Required or Preferred
Example:		
<i>Certified Public Accountant</i>	<i>National Association of State Boards of Accountancy</i>	<i>Required</i>

WORKING CONDITIONS: *Please select the **one** option that best represents the working conditions on a day-to-day basis for the majority of the time.*

Comfortable Environment and Sedentary Work: No unusual physical requirements, requires no heavy lifting, and nearly all work is performed in a comfortable indoor facility.

Minimal Physical Requirements: Occasional and/or light lifting required, limited exposure to elements such as heat, cold, noise, dust, dirt, chemicals, etc., but none to the point of being disagreeable. May involve minor safety hazards where likely result would be cuts, bruises, etc.

Moderate Physical Requirements: Regularly involves lifting, bending or other physical exertion; often exposed to one or more disagreeable environmental factors, such as heat, cold, noise, dust, dirt, chemicals, etc., with one often to the point of being objectionable; injury may require professional treatment-usually not resulting in significant loss of work time; some precautions required, i.e., protective clothing, safety glasses.

Heavy Physical Requirements: Frequent heavy or intense physical requirements, combined with exposure to a number of disagreeable environmental elements, such as heat, cold, noise, dust, dirt, chemicals, etc.; injury may require professional treatment or hospitalization; constant precautions required, i.e., face mask, safety glasses, and/or ear protection needed at all times.

WORKING DEMANDS: *Please select the **one** option that best represents the work demands on a day-to-day basis for the majority of the time.*

Low Stress - Seldom varies in scheduling, volume, or priorities - no imposed deadlines other than day-to-day assignments - able to anticipate new work - minimum distractions or uncontrollable interruptions - seldom involves conflicting demands on time.

Occasional Stress - Routine deadlines - usually sufficient lead time - variance in work volume seasonal and predictable - priorities can be anticipated - some interruptions are present - travel or other inconveniences have advance notice - involves occasional exposure to demands and pressures from persons other than immediate supervisor.

Frequent Stress - Externally imposed deadlines - set and revised beyond one's control - interruptions influence priorities - difficult to anticipate nature or volume of work with certainty beyond a few days - travel or irregular hours often anticipated - meeting of deadlines and coordination of unrelated activities are key to position - may involve conflict-resolution or similar interactions involving emotional issues or stress on a regular basis.

Constant Stress - Externally imposed deadlines - set or revised on short notice - frequent shifts in priority - numerous interruptions requiring immediate attention - may include frequent heavy travel and/or unanticipated irregular work hours - unusual pressure on a daily basis due to accountability for success for major projects or areas of operation.

Supervisor Comments:

Physical Requirements: How often are the following physical activities required in this position?

	Never	Less than 33%	Between 33% & 66%	Greater than 66%
Standing				
Walking				
Sitting				
Reaching with hands and arms				
Climbing or balancing				
Stooping, kneeling, crouching, or crawling				
Talking				
Hearing				
Use hands to handle objects				

Lifting: If the position requires that weight be lifted or force exerted, please indicate how much and how often.

	Never	Less than 33%	Between 33% & 66%	Greater than 66%
Up to 10 pounds				
Up to 25 pounds				
Up to 50 pounds				
Up to 100 pounds				
More than 100 pounds				

Please indicate any special vision requirements (e.g., ability to distinguish similar colors, depth perception, close vision, distance vision, etc.).

No special vision requirements

If there are special vision requirements, please describe below:

Submit your current department organizational chart and your future department organizational chart with this form.

Please add any additional comments to help describe the work performed in this position:

Employee Name (printed)

Employee Signature/Date

Supervisor Name (printed)

Supervisor Signature/Date

HR Liaison Name (printed)

HR Liaison Signature/Date