



SECTION 1 - POSITION INFORMATION

SECTION 2 - PROGRAM INFORMATION In 2-3 sentences, briefly describe the purpose of the program where this position is assigned.

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SECTION 3 - DESCRIPTION OF DUTIES Most jobs generally consist of **four to six essential functions** that relate directly to the purpose of the position. List these essential functions, along with key tasks performed. Functions are sets of tasks that generally take 10% or more time/attention of a job. List the major functions with the corresponding percentage of time, in **descending** order of importance. Indicate the frequency of the tasks, e.g. daily, weekly, monthly, annually.

% OF TIME	MAJOR/ESSENTIAL JOB FUNCTIONS	FREQUENCY
%	FUNCTION 1:	
%	FUNCTION 2:	
%	FUNCTION 3:	
%	FUNCTION 4:	
%	FUNCTION 5:	
%	FUNCTION 6:	
%	SUM OF ESSENTIAL FUNCTIONS	

Most jobs also have other duties assigned to them, which may be occasional or regular, but are not directly related to the purpose of the position. List these duties here, along with key tasks performed and the frequency with which they are performed (e.g. weekly, monthly, quarterly, annually). It is not necessary to complete all lines.

% OF TIME	OCCASIONAL JOB FUNCTIONS and OTHER DUTIES	FREQUENCY
%	OTHER DUTIES 1:	
%	OTHER DUTIES 2:	
%	OTHER DUTIES 3:	
%	OTHER DUTIES 4:	
%	OTHER DUTIES 5:	
%	OTHER DUTIES 6:	
%	SUM OF OCCASIONAL AND OTHER DUTIES	
%	SUM OF BOTH TABLES: ESSENTIAL JOB DUTIES AND OCCASIONAL JOB DUTIES, NOT TO EXCEED 100%	

SECTION 4 - GUIDELINES List the laws, rules, policies, and procedures that provide boundaries within which this position operates. If none, enter "N/A".

Does the position make recommendations about policies or procedures? If so, describe those types of recommendations. If none, enter "N/A".

SECTION 5 - DECISION MAKING

Does the position have the authority and discretion to interpret, act or decide on a course of action independent of close supervisory direction or specific procedures or guidelines? If so, describe the actions or decisions that are made at the discretion or authority of the employee.

Provide 3-5 key examples of the actual and most critical decisions made by this position and the impact of these decisions within the program.

DECISION EXAMPLES	IMPACT OF DECISIONS	NAME AND JOB TITLE OF PERSON WHO IS REQUIRED TO APPROVE THE DECISION, IF ANY
1.		
2.		
3.		
4.		
5.		

SECTION 6 - WORK CONTACTS Other than direct reports (supervisors and subordinates), describe with whom this position routinely interacts in order to complete work assignments.

WHO/FUNCTIONS CONTACTED	HOW	PURPOSE	HOW OFTEN

SECTION 7 – BUDGET/GRANT/CONTRACT/PURCHASING AUTHORITY

If this position has not been delegated budget, contract, grant or purchasing authority, select this box ☐ and skip to Section 8.

(This amount may

7a. Define the budget authority this position has.

1. What is the total **annual payroll** for which this position is responsible? \$

2. What is the approximate annual **operating budget** amount which this position directly controls? \$

3. What is the estimated total **annual overall budget** assigned to this position? \$

(This amount may include one time, pass-through and/or grant monies.)

7b. Does this position regularly commit (spend) bureau operating monies and funds? ☐Yes ☐No

If "YES", what is the dollar limit in general? \$

List the general purpose for commitment of dollars.

7c. Briefly describe the **number, dollar amount and types of contracts or grants** this position generally oversees (e.g. professional services, Oregon state monies, etc.), and the overall impact, potential risk, service delivery, etc. on the City, for citizens / community members, etc.

TYPE OF CONTRACT OR GRANT	HOW MANY?	DOLLAR AMOUNT	PURPOSE OR INTENT

7d. What are the controls/budget requirements placed on the position's overall budget(s) – e.g. statutory, Government Accountability Office (GAO) guidelines/principles, grant requirements, etc.?

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SECTION 8 - REVIEW OF WORK Describe who or what position reviews and/or directs the work of this position (list names and classification titles of people who review the work of this position).

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Other than during scheduled performance reviews, how often is work reviewed and for what purposes (accuracy, meeting goals, policy content, analysis, etc.)?

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SECTION 9 - SUPERVISORY DUTIES

a) What is the number of the following types of employees or volunteers this position directly and indirectly supervises or leads, including full-time, part-time, casual/seasonal, retirees, volunteer and Limited Term employees—whether on regular assignment or in a Temporary Appointment. Do not include temporary, short-term, or on-call staff. If you do not supervise any individuals, write “none” or “N/A” and proceed to (c) below.

Regular/“permanent”:

Volunteer:

Casual/Seasonal: Enter the average hours worked per year per employee?

b) List the positions and number of current incumbents this position **directly** supervises or leads.

JOB CLASS NAME	JOB CODE	# OF POSITIONS PER CLASSIFICATION

c) Check the appropriate box to indicate the level of supervisory responsibility this position has for each of the following functions.

FUNCTION	RESPONSIBILITY LEVEL			
	TAKE ACTION, THEN INFORM SUPERVISOR	EFFECTIVELY RECOMMEND	PROVIDE INPUT	N/A
Hire / Promote / Transfer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discharge / Suspend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pay Change Approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overtime / Leave Approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Performance Appraisal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 10 - WORKING SCHEDULE Does this position **require** working a non-standard work week (standard work week is typically 40 hrs. M-F)? If so, describe work schedule:

Is travel, including local or out-of-town, required for your position? If so, describe typical travel requirements:

Check the box(es) below that describe aspects of the position’s required work schedule.

CONDITION	FREQUENCY			
	N/A	OCCASIONALLY	REGULARLY	ALWAYS
Work overtime (paid or unpaid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work different shifts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work on weekends in addition to standard work week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work on holidays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 11 - EMPLOYEE QUALIFICATIONS (if position is vacant, leave blank)

List any previous work experience, training or education including any degrees or certifications you have that you believe help you perform key functions of this job.

1. Relevant Work Experience:
2. Education and Training:
3. List any certification, licensure, etc.; the name of the agency or organization that provides the certification, licensure, etc.; whether desired or required; and why such training, certification, etc. is needed.

DESCRIPTION/BY WHAT AGENCY	DESIRED	REQUIRED	WHY NEEDED
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

4. Critical knowledge and skills for this position:
5. Other:

SECTION 12 - EMPLOYEE SIGNATURE By forwarding this PD form to my supervisor, I acknowledge that I have read the instructions and to the best of my knowledge the information represented in this position description form is accurate and complete.

Employee - Print Name

Date

SECTION 13 - SUPERVISOR INPUT

EDUCATION/TRAINING/EXPERIENCE - Describe what's typically required for this position at hire.

General years of professional work experience to satisfactorily perform key functions of this job, in what field(s), and why this experience is needed:

Required: Why required?
Preferred: Why preferred?

Critical knowledge and skills required for this position:

Education – Degree and why needed:

Required: Why required?
Preferred: Why preferred?

Include any additional information that would add to the understanding of this position's duties and focus of work:

SECTION 13 - SUPERVISOR INPUT, Continued

List additional training, certification, licensure, etc.; the name of the agency or organization that provides the certification, licensure, etc.; whether desired or required; and why such training, certification, etc. is needed. If a driver's license is required for this position, list that requirement here.

DESCRIPTION/BY WHAT AGENCY	DESIRED	REQUIRED	WHY NEEDED
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

ORGANIZATION CHART Attach a current Organization Chart that shows where this position is housed and the job classes and the number of FTE of people assigned to the same work unit.

SECTION 14 – APPROVAL SIGNATURES AFTER SUPERVISOR INPUT The Signatures below indicate the information contained is an accurate, complete description of assigned duties and requirements, and the information has been reviewed AND APPROVED AS SUBMITTED by all parties.

Employee (required)	Print Name	Date
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Supervisor (required)	Print Name	Date
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Manager/Director (optional)	Print Name	Date
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Division/Bureau Head (optional)	Print Name	Date
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Bureau HR Business Partner (optional)	Print Name	Date
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