**Staff Position Description**

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| **Section I: Identifying Information** |

**Purpose:** This document is designed to provide essential functions of a position.

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| **Position Number (PIN):** | **Department:** | **Incumbent (current or previous):** |
| **Division:** | **Location:** | **Reports to (Supervisor/Manager name and title):** |
| **Classification Title:** | **Requested Class. Title\*:** | **Approved ‘Working Title’ (if applicable):** |
| **Position Status:**  Choose an item. | **Overtime Status:**  Choose an item. | **Schedule:** (If *Part Time* indicate weekly hours)  Chose an Item. |
| **Employment Class:**  Choose an item. | **Essential Employee\*\*:**  Choose an item. | **Collective Bargaining Status:**  Choose an item. |

\*HR Class/Comp may approve title different than requested, following review.

**\*\*** Essential Employee defined within current AFSCME Memorandum of Understanding.

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| **Section II: Main Purpose of Position** |

**Instructions:** Summarize general nature and purpose of position. Concisely describe how position relates to mission of the department.

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| **Section III: Description of Duties** |

**Instructions:** Describe 5 -10 major duties in detail and indicate approximate percentage each is performed per month. Begin statements with a verb to describe what and how.

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| **% of Time must equal 100%** | **Duties** |
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| **Section IV: Decisions/Recommendations, Scope of Impact, and**  **Consequences of Error** |

**Instructions:** Describe the major decisions and recommendations made by this position.

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| **Major Decision/ Recommendation** | **Scope of Impact** | **Consequence** |
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| **Section V: Contacts** |

**Instructions:** List the key persons or organizations with whom this position will have contact on a regular basis (both internal and external to Morgan State University), and the scope.

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| **Key Person/ Department** | **Frequency** (daily, weekly, monthly) | **Scope** (Decision making, scheduling, etc.) |
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| **Section VI: Physical Requirements** |

**Instructions:** List any physical demands related to this position such as walking for long periods of time, carrying heavy objects, etc.

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| **Section VII: Equipment Used** |

**Instructions:** Please list the equipment that this position will use. Include machines, tools, and chemicals (if applicable).

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| **Section VIII: Supervision Exercised** |

**Instructions:** List employees this role will supervise/lead as well as vacant roles.

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| **Name (or list Vacant)** | **Their Job Title** | **Are they being Supervised or Lead?** | **Employee Type (Exempt, non-Exempt, Contractual, Student)** | **Does this person have supervisory / lead responsibilities? If yes, include titles.** |
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| **Section IX: Role Requirements** |

**Instructions:** List the education, experience, and licensure required to perform the duties of the role.

Incumbant/Applicants must meet all required criteria, indicate the minimum amount needed to perform role. This information is also used for the job advertisement if the position is being posted.

**EDUCATION** (For *Non-Exempt Positions* – Refer to [MSU Job Specifications](https://www.morgan.edu/human-resources/salary-structures/job-specifications))

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| Education Required: |
| Education Preferred: |

**EXPERIENCE** (For *Non-Exempt Positions* – Refer to [MSU Job Specifications](https://www.morgan.edu/human-resources/salary-structures/job-specifications))

Indicate number of years, one year of experience is equivalent to one year of working 40 hours per week; experience will be pro-rated for part time.

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| Experience Required: |
| Experience Preferred: |

**LICENSURE/ CERTIFICATIONS** (For *Non-Exempt Positions* – Refer to [MSU Job Specifications](https://www.morgan.edu/human-resources/salary-structures/job-specifications))

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| Licensure/ Certification Required: |
| Licensure/ Certification Preferred: |

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| **Section X: Signatures** (Can also be submitted through DocuSign.) |

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|  | **Name** | **Title** | **Signature** | **Date** |
| **Employee** |  |  |  |  |
| **Immediate**  **Supervisor/Manager** |  |  |  |  |
| **Department**  **Head** |  |  |  |  |

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| Approved Classification Title:  Collective Bargaining Status? Included Excluded N/A  Excluded Reason:  Effective Date:  HR Signature: |