FAYETTEVILLE STATE UNIVERSITY



# POSITION DESCRIPTION FORM

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| **Name of Employee** | | **Present Classification Title** |
| **Present Six (6) Digit Position Number/Proposed Number** | | **Working Title of Position** |
| **Department, University, Commission or Agency** | | **Institution & Division** |
| **Street Address, City and County** | | **Section & Unit** |
| **Location of Workplace, Bldg. And Room Number** | | **Supervisor's Position Title & Number** |
| **Name of Immediate Supervisor** | | **Work Hours *(i.e. 8:00-5:00pm, etc.)*** |
| **Work Schedule *(i.e. Mon-Fri, rotating shifts, etc)*** | |  |
| **Primary Purpose of the Organizational Unit** | | |
| **Primary Purpose of the Position** | | |
| **Change in Responsibilities or Organizational Relationship:** | | |
| *%* | **Description of Work:** *Describe the purpose of the job, and the major functions in which the employee participates or for which the employee is responsible****.***  *In the small left-hand column, indicate the percent of time the employee spends in each functional element. The percentage amounts should add up to 100%. In addition, please place an asterisk (\*) next to each essential duty/function..* | |
| *%* | **Description of Work:** *(continued)* | |
| **Competencies:** *Knowledge, skills and abilities required in this position?* | | |
| **Education and Experience Required:** *What educational background is needed to perform these duties and responsibilities? What kind of work experience is needed?* | | |
|  | | |
| **License or Certification Required by Statute or Regulation:** *Is a license or certificate required? What kind and type?* | | |

Employee's Signature/Title Date Supervisor's Signature/Title Date