 **P O S I T I O N D E S C R I P T I O N**

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| --- | --- |
| ***SECTION A:* Position Identification****POSITION TITLE:** | **CLASSIFICATION (*HR USE ONLY*)** |
| **DEPARTMENT** | **DIVISION** |
| **POSITION #****(*HR USE ONLY*)** | **MANAGEMENT**  | **EXCLUDED**  | **BARGAINING UNIT** |

***SECTION B*: Reporting Structure**

 **Your Supervisor’s Title:**

 **His/Her Supervisor’s Title:**

 **Other positions that report to your immediate supervisor:**

***SECTION C: Program/Functional Area***

***SECTION D: Position Summary***

***SECTION E: MAJOR RESPONSIBILITIES: (indicate approx % of time spent on each)***

**POSITION SPECIFICATIONS**

***SECTION F: MINIMUM FORMAL EDUCATION:***

***SECTION G: CERTIFICATION/REGISTRATION/DESIGNATION***

***SECTION H: SPECIAL KNOWLEDGE & SKILLS:***

***SECTION I: NATURE AND AMOUNT OF EXPERIENCE:***

***SECTION J: JUDGEMENT & INITIATIVE:***

***SECTION K: TYPE AND LEVEL OF SUPERVISION EXERCISED:***

***SECTION L:* KEY RELATIONSHIPS:**

***SECTION M: DEGREE OF RESPONSIBILITY FOR DECISIONS ON FINANCIAL, HUMAN AND MATERIAL RESOURCES:***

***SECTION N: PHYSICAL DEMAND:***

***SECTION O: MENTAL & VISUAL DEMAND:***

***SECTION P: WORKING ENVIRONMENT and UNAVOIDABLE HAZARDS:***

***SECTION Q: SAFETY (patient, worker & workplace)***

The successful applicant will demonstrate good stewardship in the identification, reporting & mitigation of unsafe Acts or conditions

Prepared by: Date:

*Signature*

 N*ame (Please Print)*

Approved by: Date:

*Signature*

 *Name (Please Print)*

Approved by: Date:

*Signature*

 *Name (Please Print)*