**Non-Classified Position Description Coversheet**

Date Submitted: INSTITUTION: **Bluefield State University**

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| **Posting of a Vacant Position**  **New Position**  **Update/Review**  **Change in weekly hours from** **to**   * **Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   **Change in months from** **to**   * **Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   **Other, Explain:**                  **\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature: Dean/Director/Administrator Date**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature: Cabinet-Level Administrator or President Date** | **Human Resources Use Only** Position Working Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employment Classification:  Non-Classified  NC Job Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NC Short Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NC Long Title Desc:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  EEOCode #: \_\_\_\_\_\_\_\_\_\_ JCATCode:\_\_\_\_\_\_\_\_\_\_\_\_\_  Benefits Eligible:  Yes  No FLSA: E  NE  Employment Status: FTR  PTR FTT PTT  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: Central Human Resources DateEffective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Notes (If applicable): |

***NOTE:*** *Please retain a signed copy of coversheet and position description for your departmental records.*

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| **POSITION INFORMATION** | | | | | |
| Current Job Title:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Proposed Job Title: | | | |
| Current Position #:  **\_\_\_\_\_\_\_\_\_\_** | If Part-time, provide (% FTE): | | | |  |
| Position Type: Full-time  Part-time | | | | Grant Funded (>50%): Yes  No | |
| DEPARTMENT INFORMATION | | |  | | |
| Department Name: | | |  | | |
| Supervisor’s Name: | | | Supervisor’s Title: | | |
| Campus: **Bluefield** | | | Supervisor’s Telephone #: | | |
| Supervisor’s E-mail Address: | | | | | |
| 1. **EMPLOYEE INFORMATION** | | |  | | |
| Incumbent:  OR, Former Incumbent: | | | Position #: | | |
| Campus PO Box : | | | Campus Phone #: | | |
| Email Address: | | | | | |

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| **Non-Classified Position Description** | |
| **DUTIES AND RESPONSIBILITIES**  In the sections below, provide a brief position summary, explain the job duties and responsibilities,  and indicate the related educational and experiential qualifications for this position. | |
| **Job Summary (**Briefly describe the general purpose of the job in a few sentences.**):** | |
| **Duties and Responsibilities:** List and completely explain the current duties and responsibilities of the position, including any information as to how the duties/responsibilities are performed. List the duties/responsibilities in order of importance (most important should be listed first). Consider work performed over a 12-month period. | |
| **QUALIFICATIONS**  **Education/Knowledge**   1. List the level and type of **minimum** education **required** to qualify for this position (not for the incumbent). | |
| * 1. What licenses or certification(s), if any, are **required** for the position? Specifically state the reason for this license or certification requirement (accreditation-related, state or federal law, etc.). | |
| 1. What specific skills are **required** in order to carry out the duties of the position? | |
| **Experience**  In addition to the knowledge/education, please describe the type and **least** amount of **prior directly related work experience** typically **required**, if any, for a person coming into this position. Experience listed here is considered as concurrent not cumulative. | |
| Type of Experience Needed | Amount of Experience Needed (Months/Years) |

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| **ORGANIZATIONAL REPORTING RELATIONSHIPS** |
| PLEASE ATTACH AN ORGANIZATIONAL CHART FOR YOUR ENTIRE DIVISION AND/OR DEPARTMENT TO THIS FORM. MAKE SURE THIS POSITION IS CLEARLY INDICATED ON THE ORGANIZATION CHART.  ***FAILURE TO PROVIDE THIS CHART WILL RESULT IN A DELAY IN THE PROCESS!*** |

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| **DISCLAIMER**  This position description does not state or imply that the duties listed are the only duties to be performed by the position’s incumbent. Justification for information provided in this position description may be requested. Employees are required to follow job-related instructions and perform other job-related activities assigned by their supervisor.  All requirements are subject to possible modification in order to provide a reasonable accommodation to individuals with disabilities. Some requirements may exclude individuals who pose a direct threat or significant risk to the health and safety of themselves, students, other employees, or the general public. |
| **EMPLOYEE GENERAL COMMENTS**  *You may add other information which may be important in understanding your job and which has not been covered in other sections of this form.*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employee’s Signature Date |
| **SUPERVISOR COMMENT SECTION**  *This portion of the position description is to be completed by the employee’s immediate supervisor. As a supervisor, it is important that you review this position description for accuracy and completeness. Note and initial any comments you may have next to the employee’s responses. The space provided below is for general remarks. This position description is intended solely for the purpose of accurately describing the position (and not the incumbent’s performance).*  *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  Immediate Supervisor’s Signature Date |