UNIVERSITY OF HAWAI‘I, Excluded

EXECUTIVE / MANAGERIAL
POSITION DESCRIPTION

1. Name: Last Name            First                 Middle Initial
2. Title of Position
3. Reports to (Name, Title, Position No.):

4. Campus
5. College/Office
6. Department
7. Section
8. Unit

9. Attach the following:

a. Detailed description of the duties and responsibilities and the percentage of time allotted to each group of duties. Include the kind and extent of authority vested in the position for decision making and for directing or controlling activities.

b. List names, class titles and position numbers of all immediate subordinate positions.

c. Description of the nature and extent of guidance and direction received.

d. Description of the nature and extent of the check or review of work.

e. Description of the contacts with other departments or University organizations, with outside organizations, and with the general public.

10. Statement to be attached by supervisor (optional):

a. If description was prepared by employee, state any exceptions or additions. These should be resolved and communicated to the employee.

b. What do you consider the most important duties of this position?
11. Qualification Requirements. Indicate the qualifications which you think should be required in this position. Keep the position itself in mind rather than the qualifications of the individual who may occupy it.

<table>
<thead>
<tr>
<th>Essential Qualifications</th>
<th>Desirable Qualifications</th>
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</thead>
<tbody>
<tr>
<td>Education: general, special or professional</td>
<td></td>
</tr>
<tr>
<td>Experience: quantity &amp; quality</td>
<td></td>
</tr>
<tr>
<td>Licenses, certificates, or registration:</td>
<td></td>
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<tr>
<td>Special, knowledge, abilities, and skills:</td>
<td></td>
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</tbody>
</table>

12. CERTIFICATION: I certify that the foregoing information is accurate and complete.

Employee’s Signature __________________________ Date ____________

Supervisor’s Signature __________________________ Date ____________

Reviewing Officer’s Signature __________________________ Date ____________

(Senior Vice President, Vice President, Dean, Director, Provost)

Attachments: Description of Duties and Responsibilities
Table of Organization
Supervisor’s attachment (optional)