CLASSIFICATION & COMPENSATION

A9.300 POSITION DESCRIPTIONS FOR CIVIL SERVICE PERSONNEL

1. Purpose

To provide a systematic means to describe and classify all civil service positions.

2. Objective

To establish procedures for the preparation of position descriptions.

3. Applicability/Responsibility

This instruction applies to all civil service positions regardless of funding source. All system and campus offices are responsible for preparing and submitting position descriptions of civil service personnel to the Office of Human Resources (OHR) via the respective Chief Executive Campus Officer or Official Designee.

Position descriptions should be:

a. Written:
   - when a new position is to be established.

b. Reviewed:
   - prior to meeting with the employee to discuss the performance appraisal (PAS);
   - position becomes vacant to ensure accuracy of the actual functions of the job prior to recruitment, as required by the Americans with Disabilities Act of 1990, as amended, Title I; or
   - there has been changes to the position’s duties and responsibilities due to a reorganization.
c. Rewritten:

- when the major duties and responsibilities have significantly changed.

4. References

a. Section 76-13(8) HRS, Specific Duties and Powers of the Director (of Human Resources Development)

b. Title 14, Administrative Rules, State Department of Human Resources Development (DHRD)

c. Section 14-4-2, Development and Maintenance of a Position Classification System

d. DHRD Delegation Agreement to the University of Hawai‘i

5. Guidelines

Current position descriptions must be submitted to the OHR for all civil service positions. These descriptions will be used to classify the positions in accordance with Title 14, Administrative Rules, DHRD, Section 14-4-5, Classification of Positions, and will be considered the official record of work assignments of the positions.

6. Procedures

a. Position descriptions shall be submitted for all positions, regardless of funding source, using the following documents.

1) SF-1, Request for Position Action - white multi-carbon set (Attachment 1). Refer to Administrative Procedure A9.195, Attachment A, for instructions.

2) Position description

   a) DHRD 206, Position Classification Form - 1 pink and 5 white copies (Attachment 2)

   b) Description of duties and responsibilities - 6 copies (Attachment 3)

3) A copy of the official approved table of
organization which reflects the location of subject position

Refer to Attachment 4, Guide for Preparing Civil Service Position Descriptions.

b. Personnel classification documents shall be routed to the appropriate Chief Executive Campus Officer or Official Designee.

c. All work assignments of the position must be in conformance with the approved functional statements and table of organization. In the case of classification actions resulting from a reorganization, the reorganization must be approved in accordance with Administrative Procedure A3.101, University of Hawai‘i Organizational and Functional Changes, prior to submittal of the position request to the OHR.

d. The effective date of all classification actions shall be as follows:

1) New Positions. The date action is officially taken, unless otherwise provided by statute.

2) Existing Positions.
   
   • Upward Reallocation Action -- the first day of the pay period immediately following receipt of the position description by the OHR.

   • No Change Action -- the first day of the pay period immediately following receipt of the position description by the OHR.

   • Downward Reallocation Action -- the first day of the pay period immediately following the date on which action is officially taken.

   • Prospective Changes -- the first day of the pay period immediately following the effective date of the prospective changes in duties and responsibilities.

3) In all cases, the effective date shall not be
earlier than the beginning of the pay period following the approval of the reorganization which results in the classification action.

7. Civil Service “EXEMPT” Positions

All positions are considered to be in the civil service system and subject to the policies and procedures of the State. Certain categories of employment, as defined by Section 76-16 HRS, as amended, are exempt from the civil service system, subject to review and approval by the Director of DHRD or as delegated to the System Director of Human Resources. Requests for exemptions are to be submitted to the OHR by completing the standard classification forms.
# REQUEST FOR POSITION ACTION

**Requesting Department:**

- 1. Establishment of New Position
- 2. Redescription of Position for Review
- 3. Filling of Established Position Vacancy
- 4. Notice of Abolishment of Position
- Additional - Identical to Position No.

**Type of Position:**

- 1. Permanent
- 2. Temporary NTE
- 3. Temporary to Permanent

**Position Control:**

- 1. Within Authorized Ceiling
- 2. Beyond Authorized Ceiling
- 3. No Ceiling

**Funds Available:**

- 1. General
- 2. Special
- 3. Fed. Direct
- 4. Fed. Indirect

(Indicate Details in Space Provided for Justification)

**Position No:**

**Position Title:**

**Class Code:**

**Step:**

**B.U.:**

**Organizational Code:**

**Justification for Above Requested Action:**

(Attach additional sheets if more space is required)

---

**Date**

**Signature of Department Head**

**Approved**

**Disapproved**

**Recommendations:**

---

**Date**

**Director, Department of Budget and Finance**

**Approved**

**Disapproved**

**Remarks:**

---

**Date**

**Governor, State of Hawaii**

**Remarks:**

---

**Date**

**Director, Department of Personnel Services**
STATE OF HAWAI'I
DEPARTMENT OF PERSONNEL SERVICES

POSITION CLASSIFICATION FORM

1. POSITION NO. __________

2. TYPE OF POSITION:
   A. Permanent ________
   B. Temporary ________
   C. Full-time ________
   D. Part-time ________

3. Present Class Title, Pay Range, Bargaining Unit

4. Name of Incumbent

5. Geographic Location

6. Organizational Location:
   A. Department
   B. Division
   C. Branch or Office
   D. Section
   E. Unit

7. Recommended Class Title, Pay Range, Bargaining Unit

8. Reason for Submittal:
   A. □ Initial Allocation
   1. □ Replaces Position No.
   2. □ Additional and Identical To Pos. No.
   B. □ Reallocation
   C. □ Other Reason (Specify)

9. "I certify that the attached is a complete and accurate description of the duties and responsibilities of this position."

A. Signature of Employee Date

B. Signature of Supervisor Date

C. Signature of Division Chief Date

D. Signature of Department Director Date

10. Assigned Duties and Responsibilities.
    Complete and attach a description of the duties and responsibilities assigned the position.

CLASSIFICATION ACTION TAKEN

Class Title, Series Code, Pay Range and Bargaining Unit

Effective Date*

Classifier

Date

Director of Personnel Services

Date

*This effective date applies only to the classification of the position. The incumbent, if any, must meet the qualifications now applicable to the position prior to effectuation of any payroll change. Should there be no incumbent, therefore, the originating department must submit the proper forms for approval of the qualifications of the incumbent within 10 days. In the event there has been a change of incumbent subsequent to the effective date for the classification action, the originating department should also determine whether the same duties and responsibilities have been assigned as when the description was submitted before requesting approval of the qualifications of a later incumbent.
INSTRUCTIONS FOR COMPLETING
POSITION CLASSIFICATION FORM DPS 206

After carefully reading the following instructions, complete items 1-10 of the Position Classification Form DPS 206. Then read over the form to insure that all items are fully and accurately completed. Five copies of the form must be submitted to the Department of Personnel Services. Separation of the set will be by the Department of Personnel Services.

Item 1. POSITION NUMBER
Enter the assigned number if it is an existing position. If the position is new, the Department of Personnel Services will assign a number.

Item 2. TYPE OF POSITION
— Check PERMANENT if the position is not limited to one year or less; or
— Check TEMPORARY if the position has a time limitation of one year or less.
— Check FULL-TIME if the position is established for a 40-hour work week; or
— Check PART-TIME if the position is established for less than a 40-hour work week.

Item 3. PRESENT CLASS, PAY RANGE AND BARGAINING UNIT
Enter the present official classification title, pay range and bargaining unit of the position. If the position is new, write NEW.

Item 4. NAME OF INCUMBENT
Enter the name of the incumbent of this position. If the position is vacant, write VACANT.

Item 5. GEOGRAPHIC LOCATION
Enter the name of the city or town and island where the position is physically located.

Item 6. ORGANIZATIONAL LOCATION
Self explanatory.

Item 7. RECOMMENDED CLASS, PAY RANGE AND BARGAINING UNIT
Please use an official classification title unless it appears that no existing class is applicable, in which case enter your suggested title and pay range.

Item 8. REASON FOR SUBMITAL
— Check box “a” if the position is new. If applicable, complete 1 or 2.
— Check box “b” if the position is an existing one for which a review of changes in duties and responsibilities is requested.
— Check box “c” if either of the above two reasons do not apply. Specify the reason in the space provided. Other reasons include “Implementation of Reorganization,” “Request by DPS” or “Annual Review of Positions,” etc.

Item 9. CERTIFICATION
The form must be signed by those indicated, except for an employee signature when the position is vacant. The certification if found to be false may be cause for punitive action.

Item 10. ASSIGNED DUTIES AND RESPONSIBILITIES
Before completing this item, read Guide for Writing a Position Description (DPS 211. 7-66). In accordance with the Guide, prepare 5 copies of the statement of duties and responsibilities assigned the position on 8½” x 11” bond paper. Attach the original copy of the description to the POSITION CLASSIFICATION FORM and forward to the Department of Personnel Services. Retain the other copies for intra-departmental distribution.

NOTE: Notification of “Original Action” taken on a request will be by this form. Notification of any subsequent action taken on the request will be by letter.
PD Format-Non Supervisory Position

I. IDENTIFYING INFORMATION

Position/Pseudo Number:
Department:
Division(Office):
Branch:
Section:
Unit:
Geographic Location:

II. INTRODUCTION

III. MAJOR DUTIES & RESPONSIBILITIES

IV. CONTROLS EXERCISED OVER THE WORK

A. Supervisor:
   Pos. No.: Class Title:

B. Nature of Supervisory Control Exercised Over the Work.
   1. Instructions Provided.
   2. Assistance Provided.

C. Nature of Available Guidelines Controlling the Work.
   2. Use of Guidelines.
V. REQUIRED LICENSES, CERTIFICATES, ETC.

VI. RECOMMENDED QUALIFICATIONS

A. Knowledge:

B. Skills/Abilities:

C. Education:

D. Experience:

VII. TOOLS, EQUIPMENT & MACHINES

VIII. WORKING CONDITIONS (Optional)

IX. PHYSICAL REQUIREMENTS (Optional)
PD Format-Supervisory Position

I. IDENTIFYING INFORMATION

Position/Pseudo Number:
Department:
Division (Office):
Branch:
Section:
Unit:
Geographic Location:

II. INTRODUCTION

III. MAJOR DUTIES & RESPONSIBILITIES

A. Supervisory Activities

B. Work Unit Management and Administrative Activities

C. Technical responsibilities

D. Performs other related duties as assigned.

Supervises:
Position No.        Title:

IV. CONTROLS EXERCISED OVER THE WORK

A. Supervisor:

Pos. No.        Class Title:

B. Nature of Supervisory Control Exercised Over the Work.

1. Instructions Provided.
2. Assistance Provided.
C. Nature of Available Guidelines Controlling the Work.
   2. Use of Guidelines.

V. REQUIRED LICENSES, CERTIFICATES, ETC.

VI. RECOMMENDED QUALIFICATIONS
   A. Knowledge:
   B. Skills/Abilities:
   C. Education:
   D. Experience:

VII. TOOLS, EQUIPMENT & MACHINES

VIII. WORKING CONDITIONS (Optional)

IX. PHYSICAL REQUIREMENTS (Optional)
GUIDE FOR PREPARING CIVIL SERVICE POSITION DESCRIPTIONS

Introduction

A position description is the official written record of the major duties and responsibilities assigned to a position. This document should be current, accurate and sufficiently detailed for classification purposes. It should also be consistent with the official approved table of organization and functional statements. The immediate supervisor, as part of the management team, usually writes the position description. This is because management is responsible for assigning and reassigning duties and responsibilities to positions. Employee input should be obtained if the position is filled.

Preparing the Civil Service Position Description

Workbooks have been prepared by the DHRD to guide you through writing the position description. Each part of the workbook contains information needed to determine the appropriate classification of the position. Use Workbook A (Attachment 5) for positions which do not supervise others. Use Workbook B (Attachment 6) for positions which have subordinates.

The “How to Write a PD” manual is available on the World Wide Web (WWW) at the Office of Human Resources Home Page under the Electronic Document Distribution selection.
POSITION DESCRIPTION WORKBOOK

Workbook A (non-supervisory positions)

Instructions:
This Workbook has been designed to simplify writing a PD for a non-supervisory position. Each part of the workbook contains information needed to determine the appropriate classification of the position.

Before you begin, make a photocopy of this Workbook to use as your working document.

The Workbook contains instructions, headers, and blank spaces. Fill in all of the blanks, or write N/A in the space, if it does not apply.

Once you have finished the Workbook, you have written a draft PD. The ‘draft’ should then be typed. It will include your handwritten material and all headers and phrases which are double underlined.

I. IDENTIFYING INFORMATION

Position/Pseudo Number: __________________________________________

Department: _____________________________________________________

Division (Office): ________________________________________________

Branch: _________________________________________________________

Section: _________________________________________________________

Unit: ____________________________________________________________

Geographic Location: _____________________________________________

Workbook A (non-supervisory)
II. INTRODUCTION

Use the official organization chart and functional statement to help you write these two paragraphs.

A. Briefly describe the functions of the work unit (information must be consistent with the official functional statement for the unit).

(Official functional statements can be obtained at your Administrative Services Office and at your Personnel Office.)

The function of this organizational unit is to

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

B. Briefly summarize the primary purpose of this position.

The primary purpose of this position is to

______________________________________________________________________________

______________________________________________________________________________

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______________________________________________________________________________
III. MAJOR DUTIES & RESPONSIBILITIES

Doing each of these steps in sequence will simplify the work!

Step 1 Gather Information
Step 2 Make an Activity List
Step 3 Group Activities Together
Step 4 Prepare Duty Statements
Step 5 Indicate the Order of the Duties
Step 6 Determine & Show the Percentage of Work Time

Step 1 GATHER INFORMATION

Use any appropriate method to collect information about (or decide) what the position does.

- review functional statements and appropriate mission statements;
- observe the work; and
- get employee input on the work done, etc.

Step 2 MAKE AN ACTIVITY LIST

Jot down current work activities done by the position under Step 2 on the next page. Do not be concerned with how they are described or in what order. For example: ‘types letters,’ ‘budgeting,’ and ‘interview clients,’ etc.

Please Note: You do not have to anticipate everything. Unanticipated duties are covered by the statement ‘Performs other related duties as assigned.’ However, these unanticipated duties should not occupy more than 10% of the time.
### ACTIVITY LIST

**Step 2. List Work Activities**

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**Step 3. Group Activities**

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Please read the directions for Step 3 on the next page before proceeding.
Step 3  GROUP ACTIVITIES TOGETHER

Review your Activity List and decide whether any of the activities should be grouped together to clarify the work process being described.

- **If activities can be grouped together.** Group related activities and give them a name or heading (e.g., Typing, Interviewing, Audit Income Tax Returns, Budgeting, etc.).

- **If an activity cannot be reasonably combined or grouped with any other.** Keep the activity separate.

Write the names of these groups under Step 3. Then indicate which activity belongs in each group.

Step 4  PREPARE DUTY STATEMENTS

A duty statement is one or more sentences that describes a work activity or a group of activities. Duty statements need to contain specific kinds of information.

As you can see from the examples, each duty statement should:

- Begin with an **Action Verb** and

- Explain: **What** work is done; **How** it is done; and **Why** it is done

- Example: Types (**action verb**) quarterly highway project expenditure data (**what**) from information provided by project engineers (**how**) to comply with funding requirements of the federal Department of Transportation (**why**).

**You will need to prepare one or more duty statements for each activity or group of activities.**
Step 4. Write Major Duties and Responsibilities statements below.

Format: Does (Action Verb)/ What / How / Why

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Performs other related duties as assigned.  

100%
Step 5  INDICATE THE ORDER OF YOUR DUTIES

Arrange the duty statements in the order which best describes the work (e.g., in the order of work sequence, in descending importance, or in any other manner which promotes clarity).

Indicate the order of the duty statements by numbering the paragraphs in the left margin.

Step 6  DETERMINE & SHOW THE PERCENTAGE OF WORK TIME

- Determine the total work time for each duty statement (i.e., total hours and minutes a day or week or month, etc.).

- Convert the work time to percentages.

- Show the percentages of time for each duty statement in the space on the right. The total must equal 100%.

Please review all duty statements which have a large percentage of work time (e.g., 80%). If these duties can be broken down further, please do so, by making necessary sub-groups and showing the percentage of time for each.
IV. CONTROLS EXERCISED OVER THE WORK

A. Supervisor: Identify the Supervisor of this position.

Pos. No.: ___________    Class Title: ____________________________

Note: Complete the remainder of this section for a fully functional worker, not an employee on probationary status.

B. Nature of Supervisory Control Exercised Over the Work.

1. Instructions Provided. Describe What Kind of guidance and instructions the supervisor provides to this position.
   
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

2. Assistance Provided. Describe When the supervisor assists this position.
   
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
3. **Review of Work.** Describe **How** and **When** the supervisor reviews the work of this position.

C. **Nature of Available Guidelines Controlling the Work.**

1. **Policy and Procedural Guides Available.** List manuals, operating handbooks, instruction sheets, etc.

2. **Use of Guidelines.** Describe **How** and **When** the guidelines are used.
V. **REQUIRED LICENSES, CERTIFICATES, ETC.**

List any licenses, certificates, or permits required to perform the work.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
VI. RECOMMENDED QUALIFICATIONS

Review the duties and responsibilities you described, and decide what knowledge, skills and abilities are needed to do the work. Describe them, and your suggestions for education and experience below. (Note: The officially required education and experience for the position are set by the Minimum Qualification Requirements of the class. However, your recommendations, here, will help ensure that the position is properly classified and help you develop valid, job-related interview and selection criteria).

A. Knowledge: __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

B. Skills/Abilities: _______________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

C. Education: __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________

D. Experience: _________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
   __________________________________________
VII. **TOOLS, EQUIPMENT & MACHINES**  
List any tools, equipment and machines used to do the work.

________________________________________________________
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VIII. **WORKING CONDITIONS** *(Optional)*  
Describe any adverse conditions (e.g., hazards, heat, light, cold, noise, fumes, dust, etc.). __________________________________________________________
________________________________________________________
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IX. **PHYSICAL REQUIREMENTS** *(Optional)*

________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

**CONGRATULATIONS!**

**YES**, you have finished. Now, have the workbook typed. Once it is typed, read it through again. **Does the draft PD give an accurate and complete picture of the position?** If so, finalize it according to your own department’s procedures. *(Ask your Personnel Office if you are unsure of your department’s procedures.)*

Workbook A (non-supervisory)
POSITION DESCRIPTION WORKBOOK

Workbook B (supervisory positions)

Instructions:

This Workbook has been designed to simplify writing a PD for a supervisory position. Each part of the workbook contains information needed to determine the appropriate classification of the position.

Before you begin, make a photocopy of this Workbook to use as your working document.

The Workbook contains instructions, headers, and blank spaces. Fill in all of the blanks, or write N/A in the space, if it does not apply.

Once you have finished the Workbook, you have written a draft PD. The ‘draft’ should then be typed. It will include your handwritten material and all headers and phrases which are double underlined.

I. IDENTIFYING INFORMATION

Position/Pseudo Number:__________________________________________

Department:____________________________________________________

Division (Office):_______________________________________________

Branch:________________________________________________________

Section:________________________________________________________

Unit:___________________________________________________________

Geographic Location:____________________________________________
II. INTRODUCTION

Use the official organization chart and functional statement to help you write these two paragraphs.

A. Briefly describe the functions of the work unit (information must be consistent with the official functional statement for the unit).

(Official functional statements can be obtained at your Administrative Services Office and at your Personnel Office.)

The function of this organizational unit is to

________________________________________
________________________________________
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B. Briefly summarize the primary purpose of this position.

The primary purpose of this position is to

________________________________________
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Workbook B (supervisory)
III. MAJOR DUTIES & RESPONSIBILITIES

Doing each of these steps in sequence will simplify the work!

Step 1 Gather Information
Step 2 Make an Activity List
Step 3 Group Activities Together
Step 4 Prepare Duty Statements
Step 5 Determine & Show the Percentage of Work Time
Step 6 List Subordinate Positions

Step 1 GATHER INFORMATION

Use any appropriate method to collect information about (or decide) what the position does.

- review functional statements and appropriate mission statements;
- observe the work; and
- get employee input on the work done, etc.

Step 2 MAKE AN ACTIVITY LIST

Jot down current work activities done by the position under Step 2 on the next page. Do not be concerned with how they are described or in what order. For example: ‘staffing,’ ‘budgeting,’ and ‘JPRs,’ etc.

Please Note: You do not have to anticipate everything. Unanticipated duties are covered by the statement ‘Performs other related duties as assigned.’ However, these unanticipated duties should not occupy more than 10% of the time.
### ACTIVITY LIST

Please read the directions for Step 3 on the next page before proceeding.

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</table>
Step 3  GROUP ACTIVITIES TOGETHER

Grouping related activities together into major categories will simplify the remaining steps. Most supervisory positions perform work in at least two of the following major categories:

1. **Supervisory Activities.** Includes all activities that the employee does as the supervisor of other people (e.g., train subordinates, evaluate their performance, assign and review work, etc.).

2. **Work Unit Management and Administrative Activities.** Includes all other activities that the employee does to assure a productive work unit (e.g., conduct staff meetings, collect and assess workload data, requisition supplies, write monthly reports, etc.) and to meet the administrative requirements of the state (e.g., draft legislation, prepare and justify the budget request, etc.).

3. **Non-Supervisory Activities.** Includes all activities that are neither supervisory nor unit management/administration (e.g., some supervisors regularly handle some of the unit’s work load).

Group the activities you listed in Step 2 by checking the most appropriate category for each activity under Step 3. You will then have organized all of the activities into two or more major categories.

You may then choose to breakdown each category (supervisory, unit management/administrative, etc.) even further. Look at the activities selected for each category and see if they should be subdivided for clarity. If so, group related activities into subcategories and give each subcategory a name or heading (e.g., staffing, scheduling, training, etc.). Note those names and related activities on a separate sheet of paper.
Step 4 PREPARE DUTY STATEMENTS

A duty statement is one or more sentences that describes a work activity or a group of activities. Duty statements need to contain specific kinds of information.

As you can see from the examples, each duty statement should:

- Begin with an **Action Verb** and

- Explain: **What** work is done; **How** it is done; and **Why** it is done

Supervisory and managerial positions often involve many duties in relation to few broader supervisory or program functions and objectives. (e.g., staffing, budget, etc.). In terms of duty statements, this means the **What** and **Why** elements remain the same but **How** the activity is done/accomplished are numerous.

- Example: Performs (action verb) staffing functions for the Section (what) to meet personnel needs and requirements and production objectives (why).
  
a) Compiles and analyzes statistical information on workload and work program schedules to determine the number and type of positions required (how).

b) Prepares position descriptions and initiates, prepares and submits recommendations for personnel actions, i.e., transfers, promotions, recruitment, etc. (how).

You will need to prepare one or more duty statements for each activity or group of activities. Be sure to put in the appropriate headings for each category of duty statements.
Step 4. Write Major Duties and Responsibilities statements below.

Format: Does (Action Verb) / What / How / Why

Step 5

A  Supervisory Activities  

B.  ______________________  

Workbook B (supervisory)
C. ________________________________    ___%  

D. ________________________________    ___%  

E. Performs other related duties as assigned.    ___%  

100%
Step 5  DETERMINE & SHOW THE PERCENTAGE OF WORK TIME

- Determine the total work time for each category or subcategory of duty statements (i.e., total hours and minutes a day or week or month, etc).

- Convert the work time to percentages.

- Show the percentage of time for each category in the space on the right. The total must equal 100%.

Please review all categories or subcategories which have a large percentage of work time (e.g., 80%). If work activities can be broken down further, please do so, by making necessary subcategories and showing the percentage of time for each.

Step 6  LIST SUBORDINATE POSITIONS

List subordinate positions below. List only those positions which report directly to the position being described (i.e., you are writing John’s PD. If John supervises Mary, who in turn supervises Tom and Susan, list only Mary’s position as reporting directly to John).

<table>
<thead>
<tr>
<th>Supervises:</th>
<th>Title:</th>
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<tr>
<td>Position No.</td>
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</table>
IV. CONTROLS EXERCISED OVER THE WORK

A. Supervisor: Identify the Supervisor of this position.

Pos. No.: _______ Class Title: ________________________________

B. Nature of Supervisory Control Exercised Over the Work,

1. Instructions Provided. Describe What Kind of guidance and instructions the supervisor provides to this position.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. Assistance Provided. Describe When the supervisor assists this position.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Workbook B (supervisory)
3. **Review of Work.** Describe **How** and **When** the supervisor reviews the work of this position.

C. **Nature of Available Guidelines Controlling the Work.**

1. **Policy and Procedural Guides Available.** List manuals, operating handbooks, instruction sheets, etc.

2. **Use of Guidelines.** Describe **How** and **When** the guidelines are used.
V. REQUIRED LICENSES, CERTIFICATES, ETC.

List any licenses, certificates, or permits required to perform the work.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
VI. RECOMMENDED QUALIFICATIONS

Review the duties and responsibilities you described, and decide what knowledge, skills and abilities are needed to do the work. Describe them, and your suggestions for education and experience below. (Note: The officially required education and experience for the position are set by the Minimum Qualification Requirements of the class. However, your recommendations, here, will help ensure that the position is properly classified and help you develop valid, job-related interview and selection criteria.)

A. Knowledge:__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

B. Skills/Abilities:__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

C. Education:__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

D. Experience:__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________
VII. **TOOLS, EQUIPMENT & MACHINES**  
List any tools, equipment and machines used to do the work.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

VII. **WORKING CONDITIONS** (Optional)  
Describe any adverse conditions (e.g., hazards, heat, light, cold, noise, fumes, dust, etc.).  
__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

IX. **PHYSICAL REQUIREMENTS** (Optional)

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

**CONGRATULATIONS!**

**YES,** you have finished.  Now, have the workbook typed.  Once it is typed, read it through again.  **Does the draft PD give an accurate and complete picture of the position?**  If so, finalize it according to your own department’s procedures.  *(Ask your Personnel Office if you are unsure of your department’s procedures.)*