

Non-Classified Position Description Coversheet

Date Submitted: _____

INSTITUTION: **Bluefield State College**

<input type="checkbox"/> Posting of a Vacant Position	Human Resources Use Only Position Title: _____ Position #: _____ Employment Classification: <input type="checkbox"/> Non-Classified EEOC #: _____ Salary: _____ Benefits Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No FLSA: <input type="checkbox"/> E <input type="checkbox"/> NE Employment Status: <input type="checkbox"/> FTR <input type="checkbox"/> PTR <input type="checkbox"/> FTT <input type="checkbox"/> PTT Signature: Central Human Resources Date _____ Effective Date: _____
<input type="checkbox"/> New Position	
<input type="checkbox"/> Update/Review	
<input type="checkbox"/> Change in weekly hours from _____ to _____ • Effective Date: _____	
<input type="checkbox"/> Change in months from _____ to _____ • Effective Date: _____	
<input type="checkbox"/> Other, Explain: _____	
Signature: Dean/Director/Administrator Date _____	
Signature: President Approval Date _____	

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

I. POSITION INFORMATION	
Current Job Title: _____	Proposed Job Title: _____
Current Position #: _____	Part-time (% FTE): _____ Appointment Length: _____
Position Type: <input type="checkbox"/> Full-time <input type="checkbox"/> Temporary--Ending date: _____	Grant Funded (>50%): Yes <input type="checkbox"/> No <input type="checkbox"/>
II. DEPARTMENT INFORMATION	
Department Name: _____	Hiring Manager: _____
Supervisor's Name: _____	Campus: _____
Campus: _____	Title: _____
E-mail Address: _____	Telephone #: _____
III. EMPLOYEE INFORMATION	
Incumbent: _____	Position #: _____
Campus PO Box : _____	Campus Phone #: _____
Email Address: _____	

Non-Classified

DUTIES AND RESPONSIBILITIES

List and completely explain the current duties and responsibilities of the position. Consider work performance over a 12-month period. Employees must use their own words to describe duties and responsibilities.

QUALIFICATIONS

Education/Knowledge

1. List the level and type of **minimum** education required to qualify for this position **not** for the incumbent.
2. What licenses or certification(s) (e.g. electrician's license) if any, are **required** for the position? Specifically state the reason for this licensure requirement (supervisor's preference, state or federal law, etc.).
3. 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

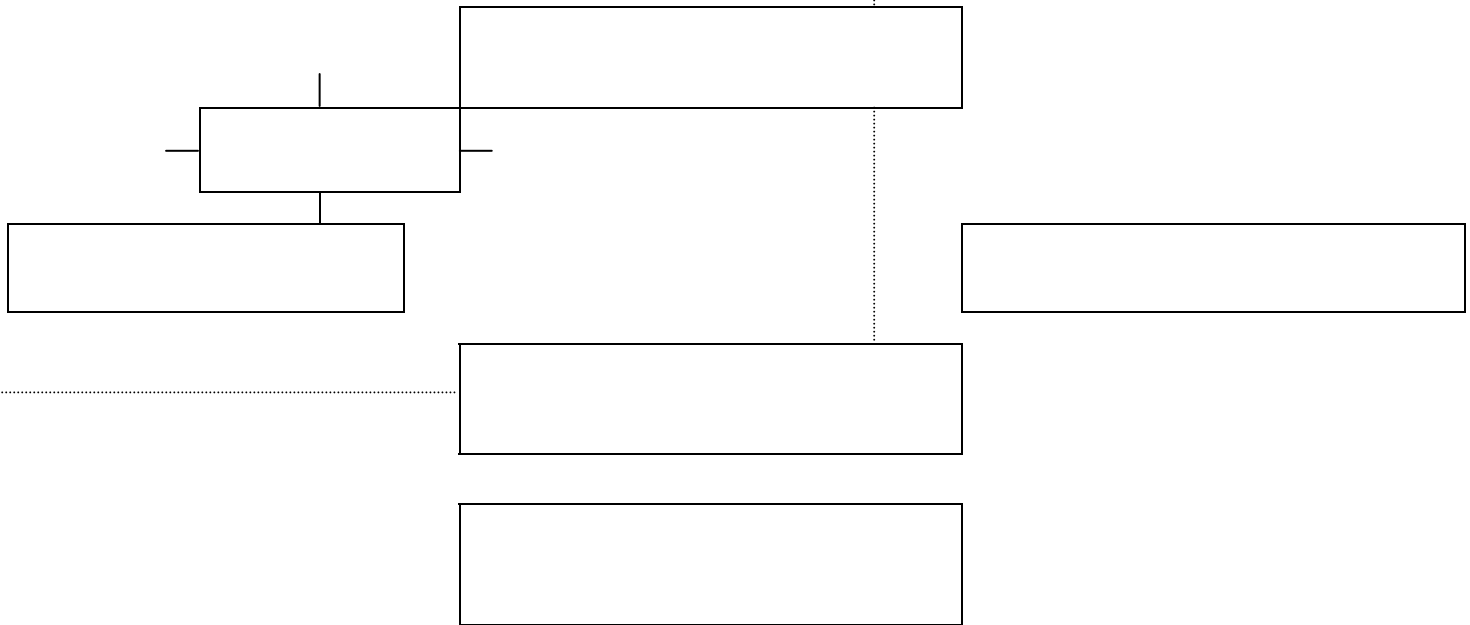
▪

Amount of Experience Needed (Months/Years)

▪

ORGANIZATIONAL REPORTING RELATIONSHIPS

- PLEASE ATTACH A FLOW CHART FOR YOUR ENTIRE DIVISION AND/OR DEPARTMENT TO THIS FORM. **FAILURE TO PROVIDE THIS FLOW CHART WILL RESULT IN A DELAY IN THE PROCESS!**



DISCLAIMER

This description does not state or imply that the duties listed are the only duties to be performed by the position incumbent. Justification for information provided in the PIQ 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 would 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 questionnaire is to be completed by the employee's immediate supervisor. As a supervisor, it is important that you review this questionnaire for accuracy and completeness and note any comments you may have next to the employee's responses and please initial. The space provided is for general remarks you may have. Remember, this questionnaire is intended solely for the purpose of accurately describing the position and not the person or her/his performance.

Immediate Supervisor's Signature

Date