



UNIVERSITY OF MARYLAND
EASTERN SHORE

OFFICE OF HUMAN RESOURCES MANAGEMENT

Position Information Form (PIF)

Please check the appropriate category

Exempt: ___ Nonexempt: ___

Section I (to be completed by the employee)

<i>Employee's Name:</i>	<i>Department:</i>	<i>Office Telephone:</i>
<i>Payroll Title:</i>	<i>Functional Title:</i>	
<i>Supervisor's Name:</i>	<i>Supervisor's Title:</i>	<i>Supervisor's Telephone:</i>

PURPOSE OF THE POSITION

*(To be completed by the **employee**. Please briefly describe the major functions of your job in no more than three sentences)*

ESSENTIAL JOB DUTIES

*(To be completed by the **employee**)*

<i>Please list and briefly describe up to <u>five</u> primary duties in descending order of importance and complexity.</i>	<i>% of time (must equal 100%)</i>
1.	
2.	
3.	
4.	
5.	

SUPERVISORY RESPONSIBILITIES

*(To be completed by the **employee**)*

Indicate the total number of employees under your general supervision (direct and indirect reports): _____

List the titles of positions reporting **directly** to you and give the number of employees in those titles:

MANAGERIAL RESPONSIBILITIES

*(To be completed by the **employee**. Check the appropriate boxes; if you check yes, please give examples to demonstrate your level of involvement)*

Type of Responsibility	Yes	No
Decisions affecting the basic content and character of the operations directed. (Programs or major projects development and design; allocation and utilization of resources; coordinating program changes; design and implementation of policies and procedures.) Example:		
Program planning and evaluation activities. (Long-range planning based on departmental goals; implementing changes in functions and programs; re-evaluation of goals and objectives including adjustments and redefinition of broad objectives.) Example:		
Decisions on organizational improvements. (Changes in organizational structure and delegated authority; measures for improving coordination among subordinate units; control measures to provide data for management purposes; changes in policies and procedures.) Example:		
Decisions that have an impact on relationships with other groups. (Understanding of operational issues in other departments; ability to negotiate mutually-effective solutions; relationship building with various constituencies necessary to gain support in institution/systemwide projects, etc.) Example:		
Decisions that substantially affect the economy of operations. (Developing and administering budgets; finding innovative ways of reducing operating costs without adversely impacting operations; i.e., process improvement, automation, justification for major expenditures, facilities, staffing, etc.) Example:		
Supervision of staff. (Selection, training, discipline, conflict-management, and other decisive personnel actions.)		

Employee Signature _____ Date _____

NOTE: ONCE YOU HAVE COMPLETED THE EMPLOYEE PORTION, PLEASE SUBMIT IT TO YOUR SUPERVISOR

Section II (to be completed by the supervisor)

<i>Employee's Name:</i>	<i>Department:</i>
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Supervisors: As necessary, please identify any differences between the incumbent's responses and your knowledge of the job. This Position Information form is intended only for the purpose of accurately describing the position and not the incumbent's performance.

Purpose of the position, essential job duties, and/or supervisory responsibilities:

Decisions affecting the basic content and character of the operations directed:

Program planning and evaluation activities:

Decisions on organizational improvements:

Decisions that have an impact on relationships with other groups:

Decisions that substantially affect the economy of operations:

Supervision of staff:



MINIMUM QUALIFICATIONS

(To be completed by the **supervisor**. Include the **minimum** requirements that an employee must possess to effectively perform the job)

Education (include area of concentration if applicable):	Licenses, Certifications, etc.
Experience (state months or years):	
Knowledge, Skills, and Abilities:	

APPROVALS

My signature below indicates that I have reviewed the document, and made any necessary changes to accurately reflect the content of this position description. Once this form is complete and signed by the employee, supervisor, and department head, it becomes the position description of record for this job.

Supervisor's Signature

Date

Department Head's Signature

Date

NOTE TO DEPARTMENT HEADS: Please return the completed Position Information form to the Office of Human Resources Management located in the Bird Hall Building