

POSITION DESCRIPTION FORM

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Office of Human Resources Management

Inst Division Colla	aa/School	Donartment	Sub Dent
OTHER REQUEST:			
PROPOSED PAY RANGE/BAND:		PROPOSED EFFECTIVE	DATE:
PROPOSED TITLE (CODE):			
<pre>ESTABLISH NEW POSITION ESTABLISH TARGET HIRING RANGE</pre>		STING POSITION positions only)	POSITION NUMBER:
POSITION ACTION REQUESTED FOR:	EXEMPT	NON-EXEMPT	

Inst	Division	College/ School	Department	Sub-Dept
Current T	itle (Code)		Incumbent UID	
			UID	

POSITION FUNDING INFORMATION: *Budgets must be provided for positions funded by any six-digit account beginning with 1,3, or 445.							
FRS Acct #	<u>Subcode</u>	Budget*	<u>FTE</u>	FRS Acct #	<u>Subcode</u>	Budget*	<u>FTE</u>

INDICATE MAJOR CHANGES TO POSITION:					
Previous	Current				

POSITION SUMMARY / PURPO	SE OF POSIT	ION:	
Is this position a unit head?	Yes	🗌 No	# Of Employees Supervised?

ESSENTIAL DUTIES & RESPONSIBILITIES:	% TIME
List no more than five major duties in descending order of importance, indicating percentage of time incumbent spends in performing each duty (do not include the work of others that fall under the supervision of this position). Describe each major task in a manner that demonstrates complexity.	

MINIMUM QUALIFICATIONS REQUIRED TO PERFORM WORK:

• <u>Education</u> (include licenses, certifications, etc.):

• <u>Experience</u>:

<u>Knowledge, Skills, and Abilities:</u>

<u>SUPERVISION</u> Attach a simple organization chart:

• <u>Supervisory Responsibilities of Position</u>: (provide name, title, and study number of direct reports):

• <u>Supervision Received</u> (name and title of immediate supervisor)

<u>PHYSICAL DEMANDS/ WORK ENVIRONMENT</u> Describe the nature of physical activity required and any unusual environment conditions:

SIGNATURES:

Signature of Requestor	Typed Name	Current Title	Date
Signature of Incumbent	Typed Name	Current Title	Date
<u>REVIEWED:</u>			
Signature of Immediate Supervisor	Typed Name	Current Title	Date
Signature of Department Chair/Director	Typed Name	Current Title	Date
Signature of Dean	Typed Name	Current Title	Date
Signature of Vice President	Typed Name	Current Title	Date
Approved As New Position Number	FOR SERVICE OF	FICE USE ONLY Title / Title Code: ***Effective:	
Approved As Change To Pos Num.	***Witl	h Title / Title Code: ***Effective:	
Exempt ***With Exempt Job C	Code:Pay	Band: Target Hiring R	ange:
Non-Exempt ***Non-Exempt	Pay Range:	Unit Head: Yes No	
Remarks	Personnel Sign	ature Date	