



Bainbridge College Position Classification Form

Items to Complete: To establish a new position lasting less than six months, complete item 1 and items 19-32. To obtain a classification review for an existing position or to establish a new position lasting longer than six months, complete items 1-32. To temporarily downgrade or reinstate a position, state reason(s) for the action in item 17 and complete items 19-32. Contact the Human Resource Office if you have any questions.

***** ITEMS 1-9 TO BE COMPLETED BY THE INCUMBENT OF POSITION AND/OR IMMEDIATE SUPERVISOR *****

1. General Responsibilities - Summarize the purpose of your job.	
2. Duties - List the duties performed as a regular part of your job. Group related duties together in a sentence or paragraph. After listing specific duties, estimate percentage of time required to perform each and list in right hand column.	Approximate % of time

3. Physical Effort - If applicable, describe the physical effort required in performing your job.

4. Working Condition - If work is performed in an **office setting, leave this item blank.** If work is performed in another setting, describe it. List hazards present, if any.

5. Interpersonal Relationships - List the type of people (i.e. students, patients, administrative staff) with whom you most frequently communicate as part of your job. Describe the nature of communication exchanged.

6. Supervision Exercised - If you supervise employees, list their job titles and number. If an employee reporting directly to you supervises others, include these others.

7. Accountability - If you are responsible for resources (funds, equipment, confidential information, etc.), describe the types and estimated amounts.

8. Decisions - What are the most important and/or difficult decisions you make as you perform your duties?

9. Name of Person Completing Items 1-8

Signature

Date

***** ITEMS 10-16 TO BE COMPLETED BY THE IMMEDIATE SUPERVISOR OF THE POSITION *****

10. Supervision Received - Describe the nature and extent of supervision you exercise over the position.		
11. Organizational Chart - A chart is attached illustrating the relationships between this position and others in the working unit.		
12. Knowledge, Abilities and Skills - List those needed to perform duties of the position.		
13. Special Requirements - If performance of duties requires possession of a license, certificate or similar credential, please list.		
14. Minimum Qualifications - Describe the minimum training and/or experience which would qualify an applicant to be considered for this position.		
15. Desirable Qualifications - Describe additional training and/or experience which would make an applicant highly qualified for this position.		
16. Name of Person Completing Items 10-15	Signature	Date

**** ITEMS 17-18 TO BE COMPLETED BY DEPARTMENT REPRESENTATIVE AFTER REVIEWING DESCRIPTION ****

17. Comments		
18. Name of Department Representative	Signature	Date
NOTE: This description may serve as a reference in recruiting, orientation, performance evaluation, manpower planning and other functions. It is recommended that copies be made for departmental files prior to submission to the Human Resource Office.		

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***** ITEMS 19-32 TO BE COMPLETED BY REQUESTING DEPARTMENT *****

19. Department or Division Name	20. Budget Unit and Position Number	21. EFT
22. Fund Type (check all that apply) <input type="checkbox"/> Resident Instruction <input type="checkbox"/> Sponsored <input type="checkbox"/> Auxiliary Services <input type="checkbox"/> Departmental Sales <input type="checkbox"/> Plant Operations <input type="checkbox"/> Other:	23. Action Requested (check one) <input type="checkbox"/> Classify new position <input type="checkbox"/> Review for appropriate classification <input type="checkbox"/> Temporarily <input type="checkbox"/> Remove temporary downgrade <input type="checkbox"/> Update description only <input type="checkbox"/> Other (specify):	
COMPLETE 24a and 24b ONLY FOR NEW POSITIONS 24a If temporary, number of days 24b Fund source (check all that apply) <input type="checkbox"/> Existing EFT (specify budget and position numbers) <input type="checkbox"/> Other (specify)	COMPLETE 25a and 25b ONLY FOR EXISTING CLASSIFIED POSITIONS 25a Current job title 25b Incumbent (If applicable)	
26. Proposed Classification (leave blank if unknown)		27. Proposed Effective Date
28. For Additional Information Contact	29. When Complete, Notify (list one person)	
30. Name of Approving Official*	31. Signature	32. Date

***** FORWARD TO HUMAN RESOURCES FOR COMPLETION OF ITEMS 33-43 *****

APPROVED CLASSIFICATION					
33. Job Title			34. Abbreviation		35. Class Code
36. EEO Code	37. Pay Grade	38. Base Rate	39. Effective Date		
40. Comments					
41. Action Number			42. Date		43. Human Resources Approval
*All classification requests must have been approved by appropriate administrative official. Subsequent implementation of this classification action is subject to approval by the Business Office and the Board of Regents.					