

Position Review Form

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| College or Division:  | HR Position #: (Leave blank if new position) |
| Department/Unit Name:  |
| Fulltime Weekly Equivalent (FTE):  | FLSA:(Leave blank if new position) |  | Exempt |
|  | Non-Exempt |
| Dept Budget #:  | Budget Speedtype:  |
| Funding Source: ***(Please “x” one)*** |  |  |  | Grant/Sponsored Funds |

**Position Action Requested (Please “x”)**

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|  | Classify a new position |
|  | Review a vacant position. Name & Job Title of Last Incumbent: |
|  | Review a position with an incumbent. Name & Job Title of Incumbent:  |
|  | Other (e.g. Update Only, FLSA Review, Demotion, Market Analysis, etc.)Please describe: |

**Department Recommendation (optional): Recommended by HR As:**

|  |  |  |
| --- | --- | --- |
| **Title & BCAT** |  |  |
| **Paygrade or****Band/Zone:** |  |  |
| **Salary Range** |  |  |
| **FLSA Status** |  | **Non-Exempt** |  | **Non-Exempt** |
|  | **Exempt** |  | **Exempt** |
| **Effective Date If Implemented** | **Mo** | **Day** | **Year** | **Earliest Effective Date:** | **Mo** | **Day** | **Year** |
| **For HR Use Only**  | **Classification and Compensation Reviewer:** | **Date:** |
|  |  |  |  |
| **APPROVALS** | **PRINT & SIGN NAME:** | Phone  | Date |
| Primary Contact Person(Person to whom questions & recommendation should be directed) |  |  |  |
|  |
| Authorizing Official (Person with authority to finalize or implement action & commit funding) |  |  |  |
|  |
| HRAC Rep or Organization Rep (Authorized Signatory as required for the College or Division): |  | **3-4530** |  |
|  **Pamela B. Glass** |
| **Vice President/Dean** (for non-pay plan positions) **or OTHER** Administrative Approval |  |  |  |
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**I. Organization Chart for the Position**

Please submit the following:

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| --- | --- |
|  | Attached is an organization chart for the position. Peer comparisons are indicated below |
|  | Place of this position in the organization is described below in the organization chart |

**Title of Supervisor’s Supervisor:**

tt

 Title of Supervisor's

**Title of Direct Supervisor:**

In-Unit Peer Positions

(same or comparable level positions within this work unit):

Out-of-Unit Peer Positions (same or comparable level positions at GSU, but in another unit):

**THIS POSITION:**

Subordinate Positions/Direct Reports:

Indicate name of employees and Job Titles.

Indirect Reports

(thru subordinate supervisors):

#### II. Position Summary (for New Position) or Summary of Change (for Existing Position)

Describe specifically why you want to create this position or how the duties of this position have changed in terms of job responsibilities (e.g., supervisory responsibility, level of decision-making, exercising judgment and degree of independence).

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**III. Essential Duties/Responsibilities**

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| --- | --- |
| **Essential Functions/Responsibilities****\* Place an asterisk next to any new essential functions assigned to the job**.  | **% Time** |
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List the essential duties performed as a regular part of the job. Group related duties together in a sentence or paragraph. After listing specific duties, estimate the percentage of time required to perform each in the right column. The total percentage of time required to perform all of duties listed should equal 100%.

 **100%**

**IV. Contacts and Communications**

|  |  |  |  |
| --- | --- | --- | --- |
| CHECK**(X)**IF POSITION HAS CONTACT | TYPE OF CONTACT | FREQUENCY OF CONTACTH = HourlyD = DailyW = WeeklyM = MonthlyY = YearlyO = OccasionallyN = Never | TYPICAL EXAMPLES OF CONTACT IF MORE THAN OCCASIONAL |
|  | General Public/General Callers/Campus Visitors |  |  |
|  | Prospective Students/Their Parents |  |  |
|  | Enrolled Students/Their Parents |  |  |
|  | Alumni/Current or Potential Donors |  |  |
|  | Governor/USG Regents/State Legislators |  |  |
|  | GSU President/Provost/Vice Presidents |  |  |
|  | GSU Deans/AVPs/Dept. Chairs/Division Directors |  |  |
|  | GSU Campus Faculty |  |  |
|  | GSU Campus Managers/Professional Staff |  |  |
|  | GSU Campus Support Staff |  |  |
|  | University/Divisional/College Committees |  |  |
|  | Ad hoc Cross Functional Project Teams |  |  |
|  | BOR Central Office/Other USG System Campuses |  |  |
|  | Outside Vendors/Contractors |  |  |
|  | Outside Professional Organizations |  |  |
|  | Outside Media |  |  |
|  | Gov’t Agencies/Regulators/Accrediting Agencies |  |  |
|  | Research/Grant Funding Agencies |  |  |
|  | Other: |  |  |
|  | Other: |  |  |

**V. Supervisory Responsibilities**

Check the item below that best describes the position’s level of supervisory responsibilities

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| --- | --- |
|  | Provide direct independent supervision (e.g., hiring, firing, training, conducting performance evaluations, and taking disciplinary actions). |
|  | Serve as a lead worker (e.g., coordinates the assignment or performance of tasks by other peers and/or team members). |
|  | Not Applicable |
|  | Other (Please Specify): |

**VI. Independent Action/Judgment**

To what extent is independent action or judgment typically required in this position? Check the item below that best describes the position’s level of responsibility.

|  |  |
| --- | --- |
|  | This position requires following written or oral procedures or practices. |
|  | Activities and decisions are somewhat routine, requiring occasional independent action and judgment. |
|  | Activities and decisions are varied in nature, requiring independent action and judgment in solving common problems. Unusual cases or questionable matters are resolved by this position’s manager/supervisor. |
|  | Activities and decisions are varied in nature. Requires solving **both** common **and** unusual problems. The position’s manager/supervisor is consulted for clarification of policies only where needed. |
|  | Activities and decisions are highly complex. Significant independent action and judgment are required subject to university-wide policies. |

**VII. Budget Responsibilities**

***Check the item(s) below which best describe this position’s budgetary responsibilities****.*

|  |  |  |  |
| --- | --- | --- | --- |
|  □ Planning |  | □ Maintaining |  |
|  □ Preparation |  | □ Monitoring |  |
|  Does the position have signature authority? |  □ Yes |  □ No  |
|  If yes, what is the dollar amount? | $ |
|  Total department operating budget: | $ |
|  Grant(s) budget: | $ |
|  What is the total budget amount for which this position has responsibility? | $ |
|  Please indicate the number of employees in the department. | Staff: | Faculty: |

**VIII. Consequence of Errors**

Describe the consequence of errors or the risks involved from decisions made or action taken by this position.

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**IX. Confidential/Sensitive Information**

Does this position have responsibility of dealing with information that would ordinarily be considered sensitive, privileged, or confidential?

 No

 Yes (Please describe below)

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**X. Working Environment**

Check the one box that best describes this position’s work environment

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| --- | --- |
|  | Work environment involves minimal physical risks. |
|  | Work environment involves some physical risks that require following basic safety precautions. |
|  | Work environment involves exposure to potentially dangerous chemicals or materials and situations that require following extensive safety precautions, including the use of protective gear. |

**XI. Work Experience/Educational Background**

Please complete Section A or Section B. Published MHSs can be found at the following link:

[**http://www2.gsu.edu/~wwwhre/class&comp/mhsgeneralinfo.htm**](http://www2.gsu.edu/~wwwhre/class%26comp/mhsgeneralinfo.htm)

|  |  |
| --- | --- |
|   | **Use Published Minimum Hiring Standards on file for Job Title** |

 **A.**

**Or**

|  |  |
| --- | --- |
|   | **Use information below to develop Minimum Hiring Standards for Job Title** |

 **B**.

Indicate below the level of work experience you think may be required for this position. This information will be used to develop the MHS for this position.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|   | 1 year |  | 2 years |  | 3 years |  | 4 years |
|  | 5 years |  | 6 years |  | 7 years or more |  |  |

Indicate below the level of education you think may be required for this position. This information

will be used to develop the MHS for this position.

|  |  |
| --- | --- |
|  | High school diploma or equivalent |
|  | Post high school trade or technical |
|  | Some college, or associate’s degree |
|  | Bachelor’s degree Field: |
|  | Master’s degree Field: |
|  | Doctoral degree Field: |
|  | A combination of work experience, including training and education, may be substituted for degree |

Specify any areas of training, content expertise, and/or licensure/certification ordinarily expected of a competitive candidate.

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1. **Additional Information**

If this is a reclassification request for an incumbent, please complete the “Position Review Form Supplement” (PRFS). The supplement is to be submitted with this PRF.