Please Note:

This form is for those employees **NOT** covered by the MUS Classification & Compensation Plan

Please use this form for:
- Craft positions

For all other positions please use the Role Description form found at

http://www.montana.edu/pps/Personnel/RoleDescription.doc

Contact Laura Underkofler at laurau@montana.edu if you have any questions.
STATE OF MONTANA
DEPARTMENT OF ADMINISTRATION
STATE PERSONNEL DIVISION

POSITION
DESCRIPTION

ALLOCATION: To be completed after final classification approval by Personnel Services.

<table>
<thead>
<tr>
<th>Class Code</th>
<th>Title</th>
<th>Grade</th>
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</table>

*** PART I: Identification ***

CURRENT CLASSIFICATION:
Code:       Title:       Position Number:

LOCATION:
Agency Code:
(MSU Bozeman = 5104, MSU Northern = 5107, MSU College of Technology Great Falls = 3513, ES = 5110, AES = 5109)

Department:       Section or Unit:
Building & Room Number:       City & Zip:
Business telephone number:
FUNCTIONAL DESCRIPTION OF THE WORK UNIT:

*** Part II: Job Description ***

1. **ASSIGNED DUTIES AND PERCENTAGES OF TIME:** %

   EQUIPMENT AND MACHINERY:

2. **WORKING CONDITIONS AND PHYSICAL DEMANDS:**

3. **KNOWLEDGE, SKILLS, AND ABILITIES**
   (include minimum education and experience required):

4. **MANAGEMENT and SUPERVISION of OTHERS:**
   Describe type of management or supervision exhibited:
   
   **Direct Supervision:**
   
   Pos. No.     Name            Title            FTE

   **Indirect Supervision:** (attach organizational chart)
   
   Pos. No.     Name            Title            FTE
   
   Total organizationally subordinate FTEs: __________

5. **SUPERVISION RECEIVED:**

6. **SCOPE & EFFECT:**
7. PERSONAL CONTACTS:

***PART III: Signatures***

To the best of my knowledge, the position description is accurate and complete.

**EMPLOYEE** (for an incumbent review):

Signature: _______________________________ Date: ___________

Name: __________________________________ Title: ___________

(Please Print)

Additional Comments or Corrections:

**IMMEDIATE SUPERVISOR:**

Signature: _______________________________ Date: ___________

Name: __________________________________ Title: ___________

(Please Print)

(Please Print)

Additional Comments or Corrections:

**DEPARTMENT HEAD/DIRECTOR:**

Signature: _______________________________ Date: ___________

Name: __________________________________ Title: ___________

(Please Print)

Additional Comments or Corrections:

**DEAN/VICE PRESIDENT:**

Signature: _______________________________ Date: ___________

Name: _________________________________ Title: ___________

(Please Print)
**Additional Comments or Corrections:**

**Supervisor, Dept Head/Director, and Dean/VP signatures are REQUIRED on all positions submitted for review or for update to a file. Positions will not be reviewed without all signatures.**