

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.

Class Code

Title

Grade

***** 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:

<u>Pos. No.</u>	<u>Name</u> _____	<u>Title</u> _____	<u>FTE</u>
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Indirect Supervision: (attach organizational chart)

<u>Pos. No.</u>	<u>Name</u> _____	<u>Title</u> _____	<u>FTE</u>
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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.