



# Position Classification Form

To establish a new position(s), request a review of an existing position, or to update a job description, complete Items 1-33.  
 To establish a new position that will last for less than six months, complete Items 1-19.  
 To temporarily downgrade a position, remove a temporary downgrade or for others actions, complete Items 1-18.

A Human Resources Approval Memo will be sent to the requesting department upon completion of the requested action.

<b>1. Department or Division Name</b>	<b>2. Department ID and Position Number</b>	<b>3. EFT</b>
<b>4. Fund Type (check all that apply)</b> <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:		
<b>5. Action Requested (check one)</b> <input type="checkbox"/> Classify New Position <input type="checkbox"/> Reclassify Existing position <input type="checkbox"/> Update Job Description <input type="checkbox"/> Temporary Downgrade* <input type="checkbox"/> Remove Temporary Downgrade <input type="checkbox"/> Other <p style="margin-left: 20px;">* To temporarily downgrade or reinstate a position, state the reason(s) for the action in the box below.</p>		
<b>6. Comments</b>		
<b>7. Name of person completing items 1 - 6</b>	<b>8. Signature of person completing 1 - 6</b>	<b>9. Date</b>
<b>10. Complete for all positions</b> Campus Address: Campus Phone:	<b>11. Complete only for existing positions</b> Current Job Title: Incumbent:	
<b>12. Proposed classification (leave blank if unknown)</b>	<b>13. Proposed Effective Date</b>	
<b>14. For additional job description information, contact</b>	<b>15. When complete, notify</b>  Name: <span style="float: right;">Ext:</span> Fax:	
<b>16. Departmental Approving Official *</b> Name: Title:	<b>17. Signature</b>	<b>18. Date</b>
*All classification requests must be approved by an appropriate administrative official (see MCG administrative policies 1.4.15 or 1.4.16). Subsequent implementation of this classification action is subject to approval by the Budget, Planning and Analysis Office.		
<b>HR USE ONLY</b>		
Date Received: _____ Action #: _____ Assigned to: _____		
* Please note: Items received after 3:00 pm, will be recorded with the date of the next business day.		



**21. Type of Equipment - What type of equipment does this position operate or maintain?**

- Limited equipment usage       Standard Office Equipment (telephone, copier, computer, printers, etc.)  
 Specialized/technical equipment     Motor Vehicles       Security Equipment       Hand power tools  
 Other

**22. Access to Information Technology Resources**

Please indicate the access to IT resources and/or systems required as a regular part of this position's responsibilities. Checking below will not result in access to the systems, but will be used for verification purposes when creating/updating the position.

System	Type of Access				Scope of Access	
	View only	Query/Report Writing	Enter Data Maintenance	Other (specify)	Department Only – List department	All
PeopleSoft Financials						
Pegasus						
Banner						
BossCar						
PeopleSoft HRMS						
IDX						
Other						

**23. Physical Effort – If applicable, describe the physical effort required to perform this job. (For example, ability to lift \_\_\_ lbs.)**

**24. Working Conditions -**

A.) If work is performed in an office setting, leave this blank. Otherwise, please describe and list hazards present, if any.

B.) Will the employee in this position be located in the hospital or in a clinical setting?  Yes  No  
 If yes, this employee will be subject to a pre-employment physical at the time of hire and an annual health screening thereafter. This is a requirement.

C.) Will this position have any patient or study patient contact?  Yes  No  
 If yes, this employee will be subject to an initial pre-employment drug screen prior to starting with our institution.

**25. Interpersonal Relationships – List the types of people that the incumbent in this position will interact with and the levels of or extent of and frequency of interaction (For example, students, patients, administrative staff) and describe the type of communication. (For example, exchanges information interprets information, provides guidance, etc.)**

All MCG positions are responsible for promoting a customer friendly environment and providing superior service as a part of their job.

**26. Supervision Exercised – If this position supervises employees, please list their job titles and position numbers. If an employee reporting directly to this position supervises others, include those also.**

**27. Accountability –**

A.) If the position is responsible for funds or resources, please indicate the type and estimated amounts.

Funds in the amount of: \_\_\_\_\_ Equipment type/value: \_\_\_\_\_  
 Access to or use of PCard account: \_\_\_\_\_

B.) If responsible for sensitive or confidential information, please indicate all that apply:

- Employee Data     Electronic Access (Password)     Patient Information     Student's Information     Budget  
 Research/Intellectual property     PCard Information     Demographic (SSN/Personal Information)     Other

Note: If the position is responsible for any of the above, management should ensure that appropriate training be provided on protecting and securing such information.

**28. Decisions –**

Describe the most important decision(s) the position will make, independent of consulting with the supervisor.

What is the impact of these decisions?

**\*ITEMS 29-33 MUST BE COMPLETED BY THE IMMEDIATE SUPERVISOR OF THIS POSITION.\***

<b>29. Supervision Received -</b>  A.) Describe the nature and extent of supervision you exercise over this position.  B.) This position reports to: (Incumbent) Name: _____ Title: _____ Position #, if known: _____		
<b>30. Organization Chart -</b> <input type="checkbox"/> A chart is attached illustrating the relationship between this position and others in the working unit.		
<b>31. Knowledge, Abilities and Skills -</b> A.) List those needed to perform duties of the position.           B.) If working knowledge of computer software systems is required, please indicate in which of the following areas: <input type="checkbox"/> Databases <input type="checkbox"/> Operating Systems <input type="checkbox"/> Spreadsheets <input type="checkbox"/> Word Processing <input type="checkbox"/> Other _____		
<b>32. Minimum Education, Training and Experience -</b>  A.) Describe the minimum education, training and/or experience which would qualify an applicant to be considered for this position.           B.) Does this position require a license, certificate or similar credentials as mandated by the regulatory agency? If yes, please list the type(s).		
<b>33. Desirable Qualifications - Describe the additional training and/or experience which would make an applicant highly qualified for this position.</b>		
<b>Name of person completing items 29-33</b>	<b>Signature</b>	<b>Date</b>
<b>NOTE: This description will serve as a reference in recruiting, orientation, performance evaluation, workforce planning and other functions. It is recommended that copies be made for the departmental files prior to submission to the Human Resources Classification, Compensation and Recruitment Office.</b>		
<b>FOR HR USE ONLY</b> A) <input type="checkbox"/> Confirmation of Minimum Education, Training and Experience necessary for position.           B) <input type="checkbox"/> Non-Exempt position <input type="checkbox"/> Exempt Position (If Exempt, exemption category that applies):		