



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.		
<input type="checkbox"/>		
12. Knowledge, Abilities and Skills - List those needed to perform duties of the position.		
13. Special Requirements - If performance of duties <b>requires</b> possession of a license, certificate or similar credential, please list here.		
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 Classification and Compensation Office.

# Medical College of Georgia

\*\*\*\*\* 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) Resident Instruction Sponsored Auxiliary Services Departmental Sales Plant Operations Other:	23. Action Requested (check one) Classify new position Review for appropriate classification Temporarily downgrade Remove temporary downgrade Update description only Other (specify):	
COMPLETE 24a and 24b ONLY FOR NEW POSITIONS  24a If temporary, number of days  24b Fund source (check all that apply) Existing EFT (specify budget and position numbers) 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) Postdoctoral Fellow		27. Proposed Effective Date
28. For Additional Information Contact	29. When Complete, Notify (list <b>one</b> person)	
30. Name of Approving Official*	31. Signature	32. Date

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

<b>APPROVED CLASSIFICATION</b>					
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 (see MCG Administrative Polices [1.4.15](#) or [1.4.16](#).) Subsequent implementation of this classification action is subject to approval by the Budget Office and the Board of Regents.