



HLC Accreditation 2016-2017

## **Evidence Document**

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Administration and Finance

Office of Human Resources

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### **Unclassified Professional (UP) and University Support Staff (USS) Position Description**

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**Additional information:**



Unclassified Professional Position Description

(beneficial for Faculty positions)

Rev. 10/09/2012

Employee Name (leave blank if position vacant): \_\_\_\_\_
Employee's myWSU ID#: \_\_\_\_\_
Classification Title: \_\_\_\_\_
Position Type: \_\_\_\_\_ E-class: \_\_\_\_\_
Position Title (vanity/directory title): \_\_\_\_\_
Position Number: \_\_\_\_\_ FTE: \_\_\_\_\_
Supervisor of this Position (by title): \_\_\_\_\_
Employee's Supervisor (name & myWSU ID): \_\_\_\_\_
Position #(s) this Position Supervises (if applicable): \_\_\_\_\_
Division: \_\_\_\_\_
Department: \_\_\_\_\_ Org. #: \_\_\_\_\_
Campus Address (room number & building): \_\_\_\_\_
Campus Phone Number (format: xxx-xxx-xxxx): \_\_\_\_\_
Regular Hours of Work (i.e. hours, days, exceptions): \_\_\_\_\_
For Human Resources Use Only:
FLSA Designation: \_\_\_\_\_
SOC Code: \_\_\_\_\_
Human Resources Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Summary of Responsibilities:

[Empty box for Summary of Responsibilities]

Minimum Education Requirements:

[Empty box for Minimum Education Requirements]

Minimum Experience Requirements: (If more lines are needed, go to the last line in this table and tab to create the next numbered bullet.)

Table with 2 columns: Numbered list (1., 2.) and description area.

3.	
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**Required Licenses, Certificates & Registrations:**

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**Required Knowledge, Skills and Abilities:** (If more lines are needed, go to the last line in this table and tab to create the next numbered bullet.)

1.	
2.	
3.	
4.	
5.	
6.	
7.	

**Preferred Education Requirements:**

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**Preferred Experience Requirements:** (If more lines are needed, go to the last line in this table and tab to create the next numbered bullet.)

1.	
2.	
3.	
4.	
5.	

**Job Duties:** (If more lines are needed, go to the last line in this table and tab to create the next numbered bullet.)

	% of Duty	Responsibility/Duty should be grouped to indicate a minimum of 5% of time spent on each duty.	<b>Importance</b> Essential (E) Minimal (M)
1.			
2.			
3.			

4.			
5.			

**Physical Job Requirements:** (Frequency = daily, weekly, monthly or periodically)

Activity	Frequency	Activity	Frequency
<input type="checkbox"/> walking/running/jumping	_____	<input type="checkbox"/> standing	_____
<input type="checkbox"/> squatting	_____	<input type="checkbox"/> vocal ability	_____
<input type="checkbox"/> crawling/kneeling	_____	<input type="checkbox"/> grasping	_____
<input type="checkbox"/> pushing/pulling/reaching	_____	<input type="checkbox"/> vision - straight ahead/peripheral/color	_____
<input type="checkbox"/> stooping	_____	<input type="checkbox"/> visual acuity – far & near	_____
<input type="checkbox"/> climbing	_____	<input type="checkbox"/> body coordination/balancing at heights	_____
<input type="checkbox"/> handling/feeling	_____	<input type="checkbox"/> repetitive movement	_____
<input type="checkbox"/> lifting _____ pounds	_____	<input type="checkbox"/> hearing	_____
<input type="checkbox"/> sliding _____ pounds	_____	<input type="checkbox"/> sitting	_____
<input type="checkbox"/> carry _____ pounds	_____	<input type="checkbox"/> other: _____	_____

**Explain Physical Job Requirements:**

**Environmental Factors:** What hazards, risks or discomforts exist on the job or in the work environment (i.e. noise, temperature, dust, lighting, chemicals, etc.)?

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Name (printed)

\_\_\_\_\_  
myWSU ID#

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
myWSU ID#



CHECK ONE:  New Position  Existing Position

Employee Name (leave blank if position vacant): \_\_\_\_\_

Employee's myWSU ID#: \_\_\_\_\_

Present Classification Title (if existing position): \_\_\_\_\_

Proposed Classification Title: \_\_\_\_\_

Position Type: \_\_\_\_\_ E-class: \_\_\_\_\_

Position Title (vanity/directory title): \_\_\_\_\_

Position Number: \_\_\_\_\_ Salary Grade: \_\_\_\_\_ FTE: \_\_\_\_\_

Supervisor of this Position (by title): \_\_\_\_\_

Employee's Supervisor (name & myWSU ID): \_\_\_\_\_

Who evaluates the work of incumbent (name & myWSU ID): \_\_\_\_\_

Position #(s) this Position Supervises (if applicable):  
\_\_\_\_\_  
\_\_\_\_\_

If work involves leadership, supervisory, or management responsibilities, check the statement which best describes the position:

- Lead worker assigns, trains, schedules, oversees, or reviews work of others.
 Plans, staffs, evaluates, and directs work of employees of a work unit.
 Delegates authority to carry out work of a unit to subordinate supervisors or managers.

Division: \_\_\_\_\_

Department: \_\_\_\_\_ Org. #: \_\_\_\_\_

Unit (area within the office/department): \_\_\_\_\_

Campus Address (room number & building): \_\_\_\_\_

Campus Phone Number (format: xxx-xxx-xxxx) \_\_\_\_\_

Regular Hours of Work: (i.e. hours, days, exceptions) \_\_\_\_\_

For Human Resources Use Only:

FLSA Designation: \_\_\_\_\_

SOC Code: \_\_\_\_\_

Allocation Approved: \_\_\_\_\_

Human Resources Signature: \_\_\_\_\_

Date:

Reallocate a Position: (If this is a request to reallocate a position, briefly describe the reorganization, reassignment of work, new function added by law or other factors which changed the duties and responsibilities of the position.)

Empty box for Reallocate a Position description

Summary of Responsibilities:

Empty box for Summary of Responsibilities

**Minimum Education Requirements:** List in the space below the State minimum education requirements for this classification -- see MQ's on the Job Class Specifications at <http://www.da.ks.gov/ps/specs/specs/> or contact the classifications manager in Human Resources.

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**Minimum Experience Requirements:** List in the space below the State minimum experience requirements for this classification -- see MQ's on the Job Class Specifications at <http://www.da.ks.gov/ps/specs/specs/> or contact the classifications manager in Human Resources. (If more lines are needed, go to the last line in this table and tab to create the next numbered bullet.)

1.	
2.	
3.	

**Required Licenses, Certificates & Registrations:**

Professional Licenses (i.e. architect, CPA, electrician, plumber, etc.), other: \_\_\_\_\_

Certificates (i.e. PHR, SPHR, etc.), other: \_\_\_\_\_

Valid Class C Driver's License, explain: \_\_\_\_\_

CDL – Employee must attain a Commercial Drivers License with required endorsements or options within 6 months of hire, and maintain it. . *(Must pass drug screen prior to employment. Employee will be subject to random drug screening.)*

University Law Enforcement-Must be a United States citizen and at least 21 years of age. Must complete a basic law enforcement training program recognized by the Kansas Law Enforcement Training Commission and obtain certification as a law enforcement officer from the Kansas Law Enforcement Training Commission before being given permanent status. At time of appointment, candidate must take and pass a drug screening test approved by the Division of Personnel Services. This class requires the use of a firearm for law enforcement duties and therefore, candidates cannot have been convicted of, and must be free of any diversions from, a felony or misdemeanor domestic violence crime as set forth in 18 U.S.C. § 922 (d) (9) and (g) (9).

**Other Required or Preferred Licenses, Certificates & Registrations:**

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**Required Knowledge, Skills and Abilities:** (If more lines are needed, go to the last line in this table and tab to create the next numbered bullet.)

1.	
2.	
3.	
4.	

**Preferred Education Requirements:**

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**Preferred Experience Requirements:** List preferred experience that may be used to screen applicants. (If more lines are needed, go to the last line in this table and tab to create the next numbered bullet.)

1.	
2.	

**Latitude to Complete the Work:**

a. How much latitude is allowed employee in completing the work?

b. What kinds of instructions, methods & guidelines are given to the employee to help do the work?

c. State how and in what detail assignments are made?

**Job Duties:** (If more lines are needed, go to the last line in this table and tab to create the next numbered bullet.)

	<b>% of Duty</b>	<b>Responsibility/Duty</b> should be grouped to indicate a minimum of 5% & maximum of 40% time spent on each duty in the following format: What is the action being done; to whom or what is the action directed; and briefly state why and how the action is being done. For each function state who reviews, how often and what is it reviewed for?	<b>Importance Essential (E) Minimal (M)</b>
1.			
2.			
3.			

**Which statement best describes the results of error in action or decision of this employee?**

- Minimal property damage, minor injury, minor disruption of the flow of work.
- Moderate loss of time, injury, damage, or adverse impact on health and welfare of others.
- Major program failure, major property loss, or serious injury or incapacitation.
- Loss of life, disruption of operations of a major agency.

Please give examples of consequences of error in action or decision by employee:

**List machines or equipment used regularly in the work of this position. Indicate the frequency with which they are used.**

**Physical Job Requirements:** (Frequency = daily, weekly, monthly or periodically)

<b>Activity</b>	<b>Frequency</b>	<b>Activity</b>	<b>Frequency</b>
<input type="checkbox"/> walking/running/jumping	_____	<input type="checkbox"/> standing	_____
<input type="checkbox"/> squatting	_____	<input type="checkbox"/> vocal ability	_____
<input type="checkbox"/> crawling/kneeling	_____	<input type="checkbox"/> grasping	_____
<input type="checkbox"/> pushing/pulling/reaching	_____	<input type="checkbox"/> vision - straight ahead/peripheral/color	_____
<input type="checkbox"/> stooping	_____	<input type="checkbox"/> visual acuity – far & near	_____
<input type="checkbox"/> climbing	_____	<input type="checkbox"/> body coordination/balancing at heights	_____
<input type="checkbox"/> handling/feeling	_____	<input type="checkbox"/> repetitive movement	_____

<input type="checkbox"/> lifting _____ pounds _____	<input type="checkbox"/> hearing _____
<input type="checkbox"/> sliding _____ pounds _____	<input type="checkbox"/> sitting _____
<input type="checkbox"/> carry _____ pounds _____	<input type="checkbox"/> other: _____

**Explain Physical Job Requirements:**

**For what purpose, with whom and how frequently are contacts made with the public, other employees or officials?**

**Environmental Factors:** What hazards, risks or discomforts exist on the job or in the work environment (i.e. noise, temperature, dust, lighting, chemicals, etc.)?

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Name (printed)

\_\_\_\_\_  
myWSU ID#

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Name (printed)

\_\_\_\_\_  
myWSU ID#

Signature of HR Classifications Officer: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of HR Director: \_\_\_\_\_

Date: \_\_\_\_\_