

# Information Technology Position Description

For assistance completing this form, contact your supervisor/manager or your Human Resources (HR) Office. Complete form, obtain all signatures, scan and save using the following naming convention: [Agency/Institution]\_IT\_[Position Number]\_[Date: YYYYMMDD].  
Example: *DSHS\_IT\_0480\_20150621*.

## Position Information

Agency/HE Institution, Division, Unit:

Action:            Establish                      Reallocate                      Review/No Change                      Update

Class Code and Title:

Current Salary Range:

Proposed Class Code and Title:

Proposed Salary Range:

Agency/HE Institution Position Number:                      HRMS Position Number (if applicable):

Project Title (if applicable):

Assignment Pay:                      Dual Language                      Other:

Incumbent's Name (If filled position):

Address Where Position Is Located (Duty Station):

Work Schedule:                      Part Time                      Full Time

HR Approved Overtime Eligible:                      Yes                      No

Position represented by a Master Agreement:                      Yes                      No

If **Yes**, list Master Agreement:

Position has an approved In-Training Plan:                      Yes                      No

If **Yes**, attach Position Description for each In-Training Level Date of Position Description Used for Last Evaluation (if applicable).

Supervisor's/Manager's Name and Title:

Supervisor's/Manager's Phone:

Date Completed:                      Date Previous Position Description Approved:

Primary Job Family (select one):

Secondary Job Family (select one, if applicable):

## **Organizational Structure (Attach an organizational chart.)**

Summarize the functions of the position's division/unit and how this position fits into the organizational structure:

## **Position Objective**

Describe the main purpose of the position and the type and nature of the work performed:

## Assigned Work Activities (Duties and Tasks)

Describe the duties and tasks and underline the essential functions. Task statements should describe the action performed; to **whom** or **what**; using what **tools, equipment, methods, and/or processes**; and the **final product or outcome**.

For more guidance, see [Essential Functions Guide](#) and [Examples of Work Statements](#).

List the assigned work in order of importance including the final product or outcome for each, with essential functions underlined:

## Problem Solving

What are the most complex and/or challenging issues addressed by this position? Give 3 to 4 examples and how each is resolved.

Complex/Challenging Issue	How Resolved	Frequency

## Decision Making

What duties are performed that require the position to make choices, determinations or judgments?

Which decisions are sent to the next level of supervisor/manager or technical authority for recommendation/decision?

## Potential Impact of Results

Describe the potential impact of error (What potentially could happen in the event that the individual was to fail to perform their job correctly?)

List who (citizens, other department/unit personnel, statewide personnel, etc.) would be impacted and the degree of impact.

List what (dollars, larger systems, processes, other resources, etc.) would be impacted and the degree of impact.

## Financial Dimensions (if applicable)

Describe the type and annual amount of all monies that the position directly controls, administers or manages (excluding employee salary and benefits). For example: *delegated signature authority amount, invoice approval for contract expenditures.*

## Lead Work/Supervisory Responsibilities

Lead Position: Yes No  
 Supervisory Position: Yes No  
 Assigns Work Instructs Work Checks Others' Work  
 Plans work Evaluates Performance \*Takes Corrective Action  
 \*Hires \*Terminates

(\*Has the authority to effectively recommend these actions.)

List Class Title and Working Title of Position(s) Supervised	If Part Time, What %

Add information that clarifies this position's lead or supervisory responsibilities:

## Working Relationships

Level of Supervision received. For more guidance see [Glossary of Classification Terms](#).

Direct/Close Supervision: Most work is reviewed in progress and upon completion.

General Supervision: Completed work is spot checked.

General Direction: Completed work is reviewed for effectiveness and expected results.

Administrative Direction: Completed work is reviewed for compliance with budget, policies, laws and program goals.

Add information that clarifies this position's interactions with others to accomplish work:

## Continuity of Operations Plans (COOP) Designation – For Disaster or Emergency Recovery

For more information see [COOP and Critical Positions](#). For higher education, refer to your list of essential personnel.

Is this position designated critical based on agency COOP?                      Yes                      No

If **Yes**, describe how this position supports the agency *COOP Critical Functions*.

## Qualification – Knowledge, Skills and Abilities

Required Education, Experience or Certifications	Application (why each qualification exists)

Desirable/Preferred Education, Experience or Certifications	Application (why each qualification exists)



List the competencies (knowledge, skills, abilities and behaviors) and a description of each that are necessary to successfully perform the work of the position:

## Special Requests and Conditions of Employment

Examples: *Must possess valid drivers' license and good driving record. Must successfully pass a criminal background check.*

## Working Conditions

Work Setting, including hazards:

Schedule (i.e., hours and days):

Travel Requirements:

Tools and Equipment:

Customer Relations:

Other:

## Acknowledgement of Position Description

The signatures below indicate that the job duties as defined above are an accurate reflection of the work performed by this position.

Supervisor's/Manager's Signature (required):

Date:

Appointing Authority's Name and Title:

Appointing Authority's Signature (required):

Date:

**As the incumbent in this position, I have received a copy of this position description.**

Employee's Signature:

Date:

## For Human Resource/Payroll Office Use Only

Position details and related action have been taken by Human Resources as reflected below.

Approved Class Title:

Class Code:

Salary Range:

Effective Date:

Pay Scale Type:

Job Analysis on File?                      Yes                      No

Position Type (Employee Group):

EEO Category:

Employee Sub-Group:                      Position Retirement Eligible:                      Yes                      No

Position is:                      Funded                      Non-Funded

Workers Comp. Code:                      County Code:

Business Area:                      Personnel Area (FEIN):

Position Eligible for Telework:                      Yes                      No

Position Eligible for Flextime:                      Yes                      No

Position Eligible for Compressed Workweek:                      Yes                      No

Unique Facility Identifier (UFI):

For more information see: [UFI Search Feature](#)

Bona Fide Occupational Qualification:                      Yes                      No

If **Yes**, list qualifications:

### Cost Center Codes

COST CENTER	PCT. (%)	FUND	FUNCTIONAL AREA	COST OBJECT	AFRS PROJECT	AFRS ALLOCATION

HR Designee's Name:

HR Designee's Title:

HR Designee's Signature:

Date:

Budget Designee's Name:

Budget Designee's Title:

Budget Designee's Signature:

Date: