**South Puget Sound Community College** 

**Classified Position Description**

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| **Position Information** | | |
| **Date:** | **Position Number** | **Salary Range:** |
| **Current Classification & Title:** | **Work Schedule:** Full Time  Part Time  **Required Hours of Work** (essential functions) **:** | |
| **Employee’s Name (If filled position):** | **Location/Work Site:** | |
| **Department/Division** | **Supervisor’s Name and Title:** | |
| **Supervisor’s Position Number**: | **Supervisor’s Phone:** | |

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| **Position Objective**  Briefly explain the purpose of the position and how it supports the organization’s mission **(attach an organizational chart)**. |
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| **Assigned Work Activities (Duties and Tasks)**  Describe the duties and tasks. Assign a percentage of time to each duty. 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**. |

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| **% of time**  (Must total 100%) | **List the assigned work in order of importance, with essential functions underlined.** |
| % | **Duty:**  **Tasks include:** |
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| **Lead Work/Supervisory Responsibilities** | | | |
| **Lead Position:** Yes  No  **Supervisory Position:** Yes  No  If **yes**, list each direct report below. | Assigns Work  Instructs Work  Checks Others’ Work  Plans work  Evaluates Performance **\***Takes Corrective Action **\***Hires **\***Terminates  (**\***Has the authority to recommend these actions.) | | |
| **Title of Direct Report(s)** | | **No. of Positions** | **Work Schedule** |
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| Add information that clarifies this position’s lead or supervisory responsibilities: | | | |
| **Working Relationships**  Level of Supervision received (check one): | | | |
| 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: | | | |

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| **Working Conditions** | |
| **Work Setting, including hazards/safety measures:** |  |
| **Schedule (i.e., hours and days):** |  |
| **Travel Requirements:** |  |
| **Tools and Equipment:** |  |
| **Customer Interactions:**  **(frequency & type)** |  |
| **Other:** |  |
| **Minimum Qualifications**  List the education, experience, licenses, certifications, and competencies (knowledge, skills, abilities, and behaviors). | |
| **Examples:**   1. High school graduation or equivalent AND two years of applicable clerical experience OR equivalent education/experience. 2. Strong organizational skills, ability to work independently and prioritize multiple tasks, maintain office confidentiality and accommodate numerous interruptions. 3. Position requires high degree of accuracy and attention to detail. 4. Excellent communication skills and the ability to work well with others and function as a team member. 5. Advanced knowledge of computers and software applications, specifically MS Office suite: Word, Outlook, Excel, PowerPoint, and Access. 6. Commitment to a working environment that values a diverse academic environment, inclusive of students, faculty, and staff of diverse cultural, socioeconomic, and educational backgrounds | |
| **Competencies, Knowledge, Skills & Abilities** | |
| **Examples:**   1. Collaborative -- The ability to work in culturally diverse groups toward a common goal by involving, including and valuing others. 2. Critical Thinking -- The ability to use inductive and deductive reasoning to understand diverse perspectives. 3. Self-Awareness and Commitment to growth – The ability to engage in self-reflection, lifelong learning and growth. 4. Listening – The intention and ability to attend to what others are saying. | |
| **Special Requirements/Conditions of Employment**  List special requirements or conditions of employment beyond the qualifications above. | |
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| **In-Training Plan, If Applicable** | |
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| **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. | | |
| Date: | Supervisor’s Signature (required): | |
| Date: | Appointing Authority’s Name and Title: | Signature (required): |
| **As the employee in this position, I have received a copy of this position description.** | | |
| Date: | Employee’s Signature: | |