

Human Resources

Faculty Position Description Form

1. Department Name	2. Department ID	3. Position Number	4. Proposed EFT/FTE
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5. Action Requested

Create New Position
 Change Title of Existing Position
 Update Job Description
 EFT Change
 Activate
 Inactivate

Other (Please specify): _____

6. Faculty Type **F**iscal Year **A**cademic Year **A**ministrative w/Rank **A**ministrative w/o Rank **V**A

Full-Time
 Part-Time
 Limited Term
 Rehired Retiree
 Temporary

7. Academic Rank Professor Associate Professor Assistant Professor I Instructor Senior Lecturer Lecturer

Will this position be a credentialed physician in the hospital and require credentialing with the Medical Staff Office? Yes No

8. Research Scientist Level Principal Research Scientist Senior Research Scientist Research Scientist Assistant Research Scientist

9. Funding

Is position currently funded? Yes No

Is this a new funding allocation or internal redirect? New Redirect Combination of New and Redirect

Funding approved effective __/__/____

If funding has a defined end date (i.e. grant/contract, etc.) please provide the end date __/__/____

If internal redirect, please identify current year source of **funds**: _____

Please secure all funding approvals related to the distribution identified below

Fund	Department #	Program	Class	Project	Percentage

Approving Authority Name: _____ Signature: _____ Date: _____

Fund	Department #	Program	Class	Project	Percentage

Approving Authority Name: _____ Signature: _____ Date: _____

Fund	Department #	Program	Class	Project	Percentage

Approving Authority Name: _____ Signature: _____ Date: _____

Fund	Department #	Program	Class	Project	Percentage

Approving Authority Name: _____ Signature: _____ Date: _____

If additional funding sources are identified, please attach with CFC and approving authority name/signature/date.

FOR UNIVERSITY POSITIONS:

Executive Vice President Approval (required for the following: new positions, actions which may result in a classification change, actions which may affect employee's salary, and/or require unique additional funding).

Name: _____ Title: _____ Date: _____

10. Maximum Salary Amount (does not include fringes): \$ _____

11. Comments (if the above questions do not clearly explain how the position will be funded, please include additional information here)

12. Name of person completing items 1 - 11

13. Signature of person completing 1-11

14. Date

15. Must be completed for all positions

A.) Campus Address:

Campus Phone:

B.) This position reports to (Incumbent):

Name:

Position #:

Title:

16. Complete only for existing positions

Current Title:

Incumbent:

17. Proposed Title (Leave blank if unknown)

18. Proposed Effective Date

19. For additional job description information, contact

20. When complete, notify:

Ext:

Fax:

21. Departmental Approving Official *

Name:

Title:

22. Signature

23. Date

*All University classification requests must be approved by an appropriate administrative official. Subsequent implementation of this classification action is subject to approval by the University Budget Services office.

FOR POSITIONS:

Cabinet Member Approval (Required for the following: new positions; actions which may result in a classification change; actions which may affect employee's salary; and/or require additional funding)

Signature:

Date:

BUDGET APPROVAL

Date Received: _____ Budget Analyst: _____ Signature: _____ Date: _____

Budget Services funding approval through: ___/___/___

Budget Comments:

HR USE ONLY

Date Received: _____ Action #: _____ Assigned to: _____

*** Please note: Items received after 3:00 pm, will be recorded with the date of the next business day.**

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 Human Resources Division.

FOR HR USE ONLY

Comments:

Approved by:

Compensation and Performance Management

Date:

Items 24 – 29 are to be completed by the immediate supervisor.

24. Duties – List the key responsibilities performed as a regular part of this position. Group related duties together. Indicate the percentage of time spent on each duty in the column to the right.	Approximate % of Time	Effort Category	Essential (E) or Non-Essential (N)
Effort Categories: I = Instruction R = Research C = Clinical S = Service A = Administrative			
Compliance with Patient/Family-Centered Care standards through the following: <ul style="list-style-type: none"> • Demonstrates dignity and respect for patient and family for patient and family knowledge, values, beliefs, and cultural background in the planning and delivery of care. • Provides information sharing, ensuring patients and families receive timely, complete, and accurate information in order to effectively participate in care and decision-making. • Encourages patient and family participation in care and decision-making at the level they choose. • Promotes collaboration with patients and families in policy and program development, implementation, and evaluation in health care facility design, professional education, and delivery of care. 			E
Compliance with Customer Service standards.			E

Additional Sheets Attached

25. Environmental Conditions Note: The percentages indicated in this section reflect the percentage of the total job in which the incumbent is exposed to the condition listed and not necessarily the percentage of exposure on a daily basis.

Factors	Exposure Critical to Performance (Yes/No)	% of Time
Atmospheric Conditions		
Weather Conditions		
Noise		
Blood-borne Pathogens		
Needle Sticks		
Electric Shock		
Radiation		
Chemicals		
Bio-hazardous Waste		
Patient-induced Injuries		
Other Hazards _____		

B.) Will the employee in this position be located in the hospital or in a clinical setting? Yes No

C.) Will this position have any patient or study patient contact? Yes No

26. Environmental Health and Safety Division Occupational Health and Safety Questionnaire

- Yes No Does this position require responsibilities which would require the use of respiratory protection? (For example, contact with harmful dust, mists, gases, fumes, vapors, or allergens.)
- Yes No Does this position require work with animals or to enter animal areas?
- Yes No Does this position involve contact with or potential exposure to any of the following biological materials that may contain bloodborne pathogens? If yes, check any that apply.
- Recombinant DNA materials
 - Blood/Blood products
 - Unfixed tissues
 - Bodily fluids
 - Microbes
 - Cells/Cell lines (human or non-human primate)
 - Toxins of biological origin
 - Viruses

27. Organization Chart – Please attach. This is required.

28. Minimum Education, Training and Experience

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? Yes No
If yes, please list the type(s).

29. Desirable Qualifications - Describe the additional training and/or experience which would make an applicant highly qualified for this position. Please specify any preferred requirements as such for recruiting purposes.

Name of person completing items 24-29

Signature

Date