**Position Classification/Change Form**

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| ***Select Organization:*** |  |  |  |
| **1. Department or Cost Center Name** | **2. Department ID or Cost Center Number** | **3. Position Number** | **4. Proposed EFT/FTE** |

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| **5. Action Requested (check one)** ***PCF Actions*** *\*\*requires full form*   ***PCF Actions*** *\*\*requires page 1 and 2 of form*    |
| **6. Justification and/or Comments:**  |
| **7. Complete only for existing positions.** *Current Job Title:* *Campus Address:* *Campus Phone:*  *Incumbent:* | **8. Proposed Classification:** \*\*\**(if unknown leave blank)***9.** ***Campus Address:*** ***Campus Phone:*****10. Proposed Effective Date:**   |
| **11. Emergency Response** **Will the employee in this position be considered “essential personnel” and required to work in emergency situations** **such as Inclement Weather :** [ ] **No** [ ]  **Yes** **If Yes, supervisor should ensure this designation “essential personnel” is communicated to the employee.**  |
| **12. Must be completed for all positions.**This position Reports to (Incumbent):  *Name:* *Title:* *Position #:*  |
| **13. Name of person completing PCF (will serve as contact for additional information if needed)****Name:** **Phone Number:**  | **Date** |
| **14. Supervisor/Manager**Name:Title:Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\*By signing I am acknowledging I have reviewed and approve this PCF** | **Date**  |
| **15. Departmental Approving Official \***Name: Title: Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_ | **16. Core Function Departmental Approving Official\*\***Name: Title: Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 Office of Budget Services. \*\* Positions responsible for Core Administrative Support Functions outside of the Core department also require the approval of the Core Departmental Approving Official. |
| **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 additional funding)Name:Title:Signature: Date:  |

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| **BUDGET FORM****\*For any questions related to this portion of the form, please contact Office of Budget Services** |
| **17. Funding** |
| **Is position currently funded?**  |  |
| **Is this a new funding allocation or internal 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** |
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| Approving Authority Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Signature**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Date**:\_\_\_\_\_\_\_\_** |
| **Fund** | **Department #** | **Program** | **Class** | **Project** | **Percentage** |
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| 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** |
| **18. Maximum Salary Amount (does not include fringes): $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **19. Comments** (*If the above questions do not clearly explain how the position will be funded, please include additional information here)* |
| **BUDGET APPROVAL**Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_ Budget Analyst: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_Budget Services funding approval through: \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_**Budget Comments:**  |
| **HR USE ONLY**Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Action #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Assigned to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**HR Approved Title :**

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| 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. |

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| **20. General Responsibilities –** Summarize the purpose of this position: |
| **21. 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.**All the duties listed below should total 100%.** | **Approximate % of Time** | **Essential (E) or Non-Essential (N)** |
| **Compliance with Patient/Family-Centered Care standards through the following:*** 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.
 |  100% | E |
| **Compliance with Customer Service standards.** |  100% | E |
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**[ ]  Additional Sheets Attached**

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| **22. Functional or Sensory Requirements:** List any functional or sensory requirements that are critical to job performance and describe how they relate to the job competencies, such as verbal skills, color discrimination, sense of taste/smell, hearing, touch manual dexterity, or memory for detail. |
| **23. Interpersonal Relationships –** List the types of people that the incumbent in this position will interact with and the levels of or extent of and frequency of interaction (For example, students, patients, administrative staff, etc.) and describe the type of communication. (For example, exchanges information interprets information, provides guidance, etc.)All AU, AU Medical Center, and AU Medical Associates positions are responsible for promoting a customer friendly environment and providing superior service as a part of their job. |
| **24. Supervision Exercised –** If this position supervises employees, please list their job titles and position numbers. If an employee reporting directly to this position supervises others, include those also. | **25. Supervision Received -** Describe the nature and extent of supervision you exercise over this position.  |
| **26. Decisions –** Describe the most important decision(s) the position will make, independent of consulting with the supervisor and the impact of these decisions. |
| **27. Knowledge, Abilities and Skills -**A.) List those needed to perform duties of the position. B.) If working knowledge of computer software systems is required, please indicate in which of the following areas:Databases Operating Systems Spreadsheets Other |
| **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?  YesNo 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.  |
| **30. Physical Effort/Working Conditions –** If applicable, describe the physical effort required to perform this job. 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

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| **Physical Factors** | **Critical to Performance (Yes/No)** | **% of Time** |
| Lifting/ Carrying \_\_\_\_\_\_ lbs. |  |  |
| Standing |  |  |
| Walking |  |  |
| Sitting |  |  |
| Pulling/Pushing |  |  |
| Climbing |  |  |
| Reaching |  |  |
| Kneeling |  |  |
| Stooping |  |  |
| Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

 | **31. 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.

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| **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

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| **32. Type of Equipment - What type of equipment does this position operate or maintain?**Limited Equipment Usage Standard Office Equipment (telephone, copier, computer, printers, etc.) Specialized/Technical Equipment Motor Vehicles Security Equipment Hand Power Tools  Other:  |

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| **33. Access to Information Technology Resources**Please indicate the access to IT resources and/or systems required as a regular part of this position’s responsibilities.Checking below will not result in access to the systems, but will be used for verification purposes when creating/updating the position.

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| **System** | **Type of Access** | **Scope of Access** |
|  | View Only | Query/Report Writing | Enter Data Maintenance | Other (specify) | Department Only – List Department | All |
| PeopleSoft Financials |  |  |  |  |  |  |
| Pegasus |  |  |  |  |  |  |
| Banner |  |  |  |  |  |  |
| BossCar |  |  |  |  |  |  |
| PeopleSoft HRMS |  |  |  |  |  |  |
| IDX |  |  |  |  |  |  |
| Other |  |  |  |  |  |  |

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| **34. Accountability –**  A**.**) If the position is responsible for funds or resources, please indicate the type and estimated amounts. Access to or use of PCard account, Funds in the amount of: $ Equipment type/value: $ If authorized by the PCard Office: (University positions only)  B.)If responsible for sensitive or confidential information, please indicate all that apply: Employee Data Electronic Access (Password) Patient Information Student’s Information Budget  Research/Intellectual property PCard Information  Demographic (SSN/Personal Information)  OtherNote: If the position is responsible for any of the above, management should ensure that appropriate training be provided on protecting and securing such information. |
| **35. A)** Will the employee in this position be located in the hospital or in a clinical setting? [ ]  Yes [ ]  No  **B)** Will this position have any patient or study patient contact? [ ]  Yes [ ]  No |
| **36. Environmental Health and Safety Division Occupational Health and Safety Questionnaire** Yes  No Does this position require work in excessively noisy areas? (For example, is it too loud to hold a normal conversation with someone standing in front of you?)   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 require the employee to work with any of the following OSHA regulated 13 carcinogens listed below? If yes, check any that apply. alpha-Naphthylamine CAS# 134-32-7  N-Nitrosodimethylamine CAS# 62-75-9 Benzidine CAS# 92-87-5  2-Acetylaminofluorene CAS# 53-96-3 beta-Naphthylamine CAS# 91-59-8 3,3’-Dichlorobenzidine CAS# 91-94-1 beta-Propiolactone CAS# 57-57-8 4-Aminodiphenyl CAS# 92-67-1 bis-Chloromethyl ether CAS# 542-88-1 4-Dimethylaminoazo-benzene CAS# 60-11-7 Ethyleneimine CAS# 151-56-4 4-Nitrobiphenyl CAS# 92-93-3 methyl chloromethyl ether CAS# 107-30-2  Yes No Does this position require the employee to work with any of the following OSHA regulated toxic and hazardous substances? If yes, check any that apply.  Acrylonitrile CAS# 107-13-1 Lead CAS# 74-39-1 Benzene CAS# 71-43-2  Methylene Chloride CAS# 75-09-2 Cadmium CAS# 7440-43-9 Methylenedianiline CAS# 101-77-9 Chromium (VI) CAS# 18540-29-9 Vinyl Chloride CAS# 75-01-4 Ethylene oxide CAS# 75-21-8 1,2-dibromo-3-chloropropane CAS# 107-13-1 Formaldehyde CAS# 50-00-0 1,3-Butadiene CAS# 106-99-0 Inorganic arsenic CAS# 7440-38-2   Yes No Does this position involve contact with or potential exposure to any of the following biological materials that may contain blood borne pathogens? If yes, check any that apply. Recombinant DNA materials Microbes Blood/Blood products  Cells/Cell lines (human or non-human primate)Unfixed tissues Toxins of biological origin  Bodily fluids  Viruses |

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| **21. Duties Continued –** 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**. All duties listed should total 100%.** | **Approximate % of Time** | **Essential (E) or Non-Essential (N)** |
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