**Position Classification/Change Form**

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| **1. Department Name** | **2. Department ID** | **3. Position Number** | | **4. Proposed Effective Date** | |
| **5. Current Job Title (if applicable)** | | **6. Incumbent (if filled)** | | | |
| **7. Campus Address** | | **8. Campus Phone** | | | |
| **9. Proposed Job Classification (if unknown leave blank)** | | **10. Requested Salary (if known)** | | | |
| **11. Justification and/or Comments:** | | | | | |
| **12. 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.** | | | | | |
| **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 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. | | | | | |
| **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: | | | | | |
| 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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| **Key Position Duties** |
| **17. In addition to Key Position Duties all positions are expected to maintain compliance with Patient/Family-Centered Care and Customer Service 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. * Provides the highest level of customer service to all constituents including, but not limited to, patients, students, faculty and staff. |
| **18. 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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| **19. 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. | | |
| **20. 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. | | |
| **21. 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. | **22. Supervision Received -** Describe the nature and extent of supervision you exercise over this position. | |
| **23. Decisions –** Describe the most important decision(s) the position will make, independent of consulting with the supervisor and the impact of these decisions. | | |
| **24. 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   |  |  |  | | --- | --- | --- | | **Physical Factors** | **Critical to Performance (Yes/No)** | **% of Time** | | Lifting/ Carrying \_\_\_\_\_\_ lbs. |  |  | | Standing |  |  | | Walking |  |  | | Sitting |  |  | | Pulling/Pushing |  |  | | Climbing |  |  | | Reaching |  |  | | Kneeling |  |  | | Stooping |  |  | | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | | | **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | |

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| **26. 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.   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **System** | **Type of Access** | | | | **Scope of Access** | | |  | View Only | Query/Report Writing | Enter Data Maintenance | Other (specify) | Department Only – List Department | All | | OneUSG Connect Financials |  |  |  |  |  |  | | Pegasus |  |  |  |  |  |  | | Banner |  |  |  |  |  |  | | BossCar |  |  |  |  |  |  | | OneUSG Connect HCM |  |  |  |  |  |  | | IDX |  |  |  |  |  |  | | Other |  |  |  |  |  |  | |  |

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| **27. 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)  Other    Note: If the position is responsible for any of the above, management should ensure that appropriate training be provided on protecting and securing such information. |
| **28. 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 |