

Professional Staff Position Description Form

This form outlines the information that should be included in a position description. An accurate and up to date description of your position will enable the UW Compensation Office to evaluate your position and determine an appropriate payroll title and salary grade. It is important for you to give careful thought and consideration to all sections and to provide complete and precise information. The purpose of this outline is to find out what your job involves and is not intended to evaluate your performance in any way.

The Guide to Completing the Professional Staff Position Description Form has been developed to assist you in providing appropriate information in each of the sections. The guide is available on the web at:
<http://www.washington.edu/admin/hr/ocpsp/rvws/pspdf.guide.html>

Develop a position Description with the following sections and elements:

1. Position Identifiers
 - Your Name, Employee ID#, Telephone Number and Email Address
 - Current Title
 - Department
 - Supervised by
2. Position Purpose
3. Responsibilities (list in order of importance and identify percentage of time devoted to each activity)
 - Duties
 - Lead Responsibilities
 - Supervisory Responsibilities
4. Qualifications
 - Minimum/Required—Education, Work Experience
 - Desired—Education, Work Experience
5. Working Environmental Conditions
6. Position Complexities
7. Position Dimensions and Impact to the University
8. Other Comments

Attach the following forms:

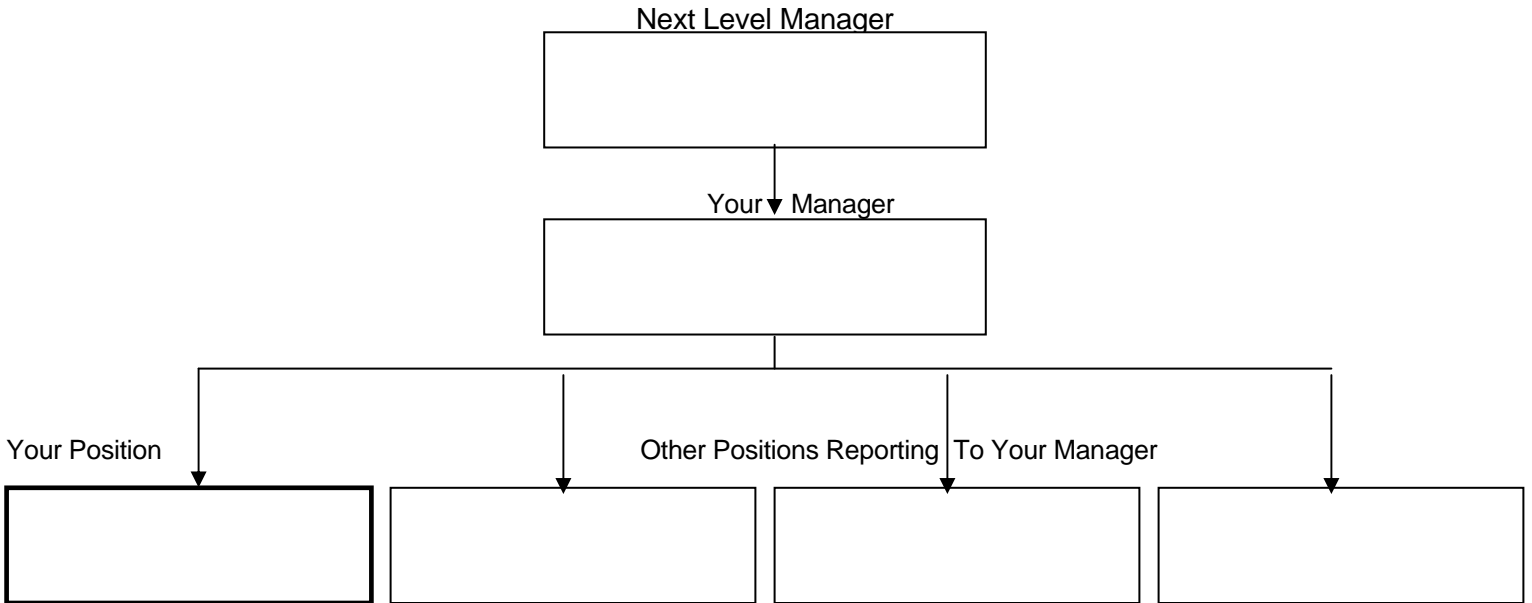
9. Organization Chart
(use the form or provide an existing one capturing the same information)
10. Contacts/Interaction
11. Research Activities (if applicable to your position)
12. Employee Certification Signature
13. Supervisor's Comments and Dean/Vice President Concurring Signatures
14. Point of Contact Information Section

And attach a cover letter from your Supervisor outlining:

- Reason for having your position reviewed at this time
- Proposed professional staff payroll title
- Proposed salary
- Proposed effective date

Organizational Chart

Please complete the boxes by identifying individual's names and titles (payroll titles as opposed to working titles are preferable)



This Position's Subordinates	Number of Positions Reporting to Subordinates	Total FTE
→ []	→ []	____ %
→ []	→ []	____ %
→ []	→ []	____ %
→ []	→ []	____ %
→ []	→ []	____ %
→ []	→ []	____ %
→ []	→ []	____ %
→ []	→ []	____ %

Contacts/Interaction:

Identify your position's significant person-to-person work relationships or contacts with other persons within or outside of the department and the University. Describe the purpose of the contact (e.g. to exchange information, to counsel, to negotiate, etc.) AND the frequency of the contact (e.g. monthly, daily, etc.)

Position will have contact with:	Purpose of contact will generally be:	Contact will normally be as frequent as:
Institutional Officers: Regents, President, Executive Vice President, Provost, Vice Presidents		
Vice Provosts, Deans, Heads of Major Administrative Departments Medical Center CEO		
Department Chair Faculty, Other Staff Members		
Students		
Patients or Customers		
Other Outside Institutions / Organizations		
Vendors, Suppliers		
General Public		
Others (specify):		

Complete if this position is being considered for professional staff status
because of its involvement in research activities

Research Activities

Indicate the type of responsibility and percentage of time devoted to the following tasks (total combined percentage of time must represent 50% or more of the positions overall responsibilities to be exempted to professional staff based on research activities)

- Identifying and defining research problems
_____% of time is solely responsible
_____% of time provides significant contributions
_____% of time provides basic input to be developed by more senior position
_____% of time other, describe:
_____ has little or no responsibility for this task
- Designing approaches or hypotheses to be tested and methodology to be used
_____% of time is solely responsible
_____% of time provides significant contributions
_____% of time provides basic input to be developed by more senior position
_____% of time other, describe:
_____ has little or no responsibility for this task
- Designing specific phases of research projects
_____% of time is solely responsible
_____% of time provides significant contributions
_____% of time provides basic input to be developed by more senior position
_____% of time other, describe:
_____ has little or no responsibility for this task
- Analyzing results
_____% of time is solely responsible
_____% of time provides significant contributions
_____% of time provides basic input to be developed by more senior position
_____% of time other, describe:
_____ has little or no responsibility for this task
- Developing conclusions and hypotheses
_____% of time is solely responsible
_____% of time provides significant contributions
_____% of time provides basic input to be developed by more senior position
_____% of time other, describe:
_____ has little or no responsibility for this task
- Presenting research results in publishable form
_____% of time is solely responsible
_____% of time provides significant contributions
_____% of time provides basic input to be developed by more senior position
_____% of time other, describe:
_____ has little or no responsibility for this task
- Obtaining research grants
_____% of time is solely responsible
_____% of time provides significant contributions
_____% of time provides basic input to be developed by more senior position
_____% of time other, describe:
_____ has little or no responsibility for this task

_____% amount of time this position is devoted to the above tasks

Employee Certification Section

I certify that the information contained in this job description document is correct and complete.

Employee Signature: _____

Date: _____

Supervisor's Comment Section

It is important that you, the supervisor, review the attached position description and related forms since you may have a different perspective of this position. For example, a person holding a position may tend to describe lead responsibilities for this position to be more on the level of a supervisor. Do not change the incumbent's description, but provide your comments with reference to the appropriate section in the incumbent's description. *(Attach an additional sheet, if needed)*

I agree with the incumbent's description:

As written

As modified on the attached sheet

I have discussed all my modifications with the incumbent

In addition, I confirm that a performance evaluation of this employee has been completed with the last two years. (This is required for current professional staff employees only).

I confirm that a faculty recruitment occurred when the incumbent filled this position. (Only required for current faculty employees submitting the review for consideration as a professional staff position).

Supervisor's Signature: _____

Date: _____

Supervisor's Name and Title: *(please print)*

Campus Phone:

Email Address:

>>> SHADED AREAS TO BE COMPLETED BY THE DEAN, VICE PRESIDENT OR MEDICAL CENTERS CEO/COO OFFICE ONLY <<<

Dean/Vice President Signature: _____

Date: _____

Dean/Vice President Name and Title: *(please print)*

Point of Contact Information Section

If the Compensation Office has questions regarding the information provided, please indicate your preferred first point of contact below:

Name and Title: *(please print)*

Campus Phone:

Email Address:

Is there any other individual you would like cc'd regarding this request? Indicate below:

Name and Title: *(please print)*

Campus Phone:

Email Address: