Office of Human Resources Management

**POSITION DESCRIPTION FORM**

Bird Hall First Floor Suite
Princess Anne, MD  21853
410-651-6400 - Telephone
410-651-6500 - Telefax

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**POSITION ACTION REQUESTED FOR:**
- ☐ EXEMPT
- ☐ NON-EXEMPT

☐ ESTABLISH NEW POSITION
☐ CHANGE EXISTING POSITION
☐ ESTABLISH TARGET HIRING RANGE (for exempt positions only)

**PROPOSED TITLE (CODE):**

**PROPOSED PAY RANGE/BAND:**

**PROPOSED EFFECTIVE DATE:**

**OTHER REQUEST:**

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<table>
<thead>
<tr>
<th>Inst</th>
<th>Division</th>
<th>College/ School</th>
<th>Department</th>
<th>Sub-Dept</th>
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**Current Title (Code)**

**Incumbent UID**

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**POSITION FUNDING INFORMATION:** *Budgets must be provided for positions funded by any six-digit account beginning with 1,3, or 445.*

<table>
<thead>
<tr>
<th>FRS Acc #</th>
<th>Subcode</th>
<th>Budget*</th>
<th>FTE</th>
<th>FRS Acc #</th>
<th>Subcode</th>
<th>Budget*</th>
<th>FTE</th>
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**INDICATE MAJOR CHANGES TO POSITION:**

**Previous**

**Current**
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<tr>
<th>POSITION SUMMARY / PURPOSE OF POSITION:</th>
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<tr>
<td>Is this position a unit head?  □ Yes □ No  # Of Employees Supervised? ________________</td>
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<th>ESSENTIAL DUTIES &amp; RESPONSIBILITIES:</th>
<th>% TIME</th>
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<td>List no more than five major duties in descending order of importance, indicating percentage of time incumbent spends in performing each duty (do not include the work of others that fall under the supervision of this position). Describe each major task in a manner that demonstrates complexity.</td>
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MINIMUM QUALIFICATIONS REQUIRED TO PERFORM WORK:

- **Education** (include licenses, certifications, etc.):

- **Experience**:

- **Knowledge, Skills, and Abilities**:

SUPERVISION  Attach a simple organization chart:

- **Supervisory Responsibilities of Position**: (provide name, title, and study number of direct reports):

- **Supervision Received**  (name and title of immediate supervisor)
PHYSICAL DEMANDS/ WORK ENVIRONMENT  Describe the nature of physical activity required and any unusual environment conditions:

SIGNATURES:

Signature of Requestor  Typed Name  Current Title  Date

Signature of Incumbent  Typed Name  Current Title  Date

REVIEWED:

Signature of Immediate Supervisor  Typed Name  Current Title  Date

Signature of Department Chair/Director  Typed Name  Current Title  Date

Signature of Dean  Typed Name  Current Title  Date

Signature of Vice President  Typed Name  Current Title  Date

FOR SERVICE OFFICE USE ONLY

☐ Approved As New Position Number: __________  ***With Title / Title Code: __________  ***Effective: __________

☐ Approved As Change To Pos Num. __________  ***With Title / Title Code: __________  ***Effective: __________

☐ Exempt  ***With Exempt Job Code: __________  Pay Band: __________  Target Hiring Range: __________

☐ Non-Exempt  ***Non-Exempt Pay Range: __________  Unit Head: Yes  No

Remarks  Personnel Signature __________  Date __________