**Job Description Template   
for Represented Vacancy or Position Reclassification Request**

*NOTE: For Staff Research Associates and* ***represented*** *Information Technology positions, please complete the appropriate addendum.*

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| --- | --- | --- | --- |
| **Employee Name:** |  | **Employee ID:** |  |
| **Department:** |  | **Control Unit/Division:** |  |
| **Current Payroll Job Title:** |  |  |  |
| **Recommended Payroll Job Title:** |  | **Recommended Working Title:** |  |
| **Supervisor Name and Title:** |  | **Supervisor Email/Phone Number:** |  |

**PLEASE PROVIDE A COPY OF THE MOST CURRENT   
DEPARTMENT ORGANIZATION CHART**

**1. Reclassification Request** (If you are submitting a request for reclassification, please briefly describe the significant changes that have taken place since the position was last reviewed. Additionally, please provide a copy of the former job description for the position.)

1. **Purpose of the Position/Job Summary** (please give a brief description of the overall purpose of the position)
2. **Scope & Impact** (Scope applies to the organizational extent or range of operations of a position’s primary responsibilities. Impact refers to the effect of the position’s actions on the organization.)
3. **Key Responsibilities** (Indicate key functions and the estimated percentage of time spent performing each function. If there are more than 10 key responsibilities, some of the similar functions may be grouped together and an estimated % applied. Please indicate which responsibilities are considered “essential” to the successful performance of the job as defined by the Americans with Disabilities Act. Visit the Human Resources website [glossary](http://hrweb.berkeley.edu/glossary/all) for an explanation of [essential functions](http://hrweb.berkeley.edu/glossary/1998).)

|  |  |  |
| --- | --- | --- |
| **%**  **of time** | **Essential Function (Yes/No**) | **Key Responsibilities**  ***(To be completed by Supervisor)*** |
| 1 | Yes |  |
| 1% |  | ***(To update total %, enter the amount of time in whole numbers (without the % symbol - e.g., 15, 20) then highlight the total sum (e.g., 1%) at the bottom of the column and press F9. The total sum should add up to 100%.)*** |

1. **Knowledge and Skills** (typically required of the position)

* **Required**:
* **Preferred**:

1. **Relevant Education and Training for the Position**

**Education/Training:**

**Licenses or certifications required, if any:**

1. **Problem Solving**

*Please provide 2-3 examples of problem solving for this position (please be brief: 1-3 sentences).*

**Common problems solved by the employee:**

**Unusual or complex problems solved by the employee:**

**Problems/situations that are referred to this employee’s supervisor:**

1. **Supervision** (NOTE: Complete this section ONLY if this position, **in addition to the personally performed duties,** supervises 2.0 or more FTE, AND performs at least 3 of the following):

* Independently selects subordinates OR participates in the interviews and recommends who should be hired.
* Independently determines subordinates’ performance ratings OR recommends performance ratings.
* Independently decides within budgetary limitations the amount of subordinate merit increases, whom will be selected for promotional opportunities, and whether to request the reclassification of a position, OR recommends these actions.
* Has independent authority to issue written warnings and suspensions and determines what discipline should be imposed upon a subordinate OR recommends such actions.
* Has independent authority to resolve grievances or complaints OR formulates and recommends a resolution to grievances or complaints.

“Recommendations” are customarily given substantial weight by higher-level supervisors/managers and are typically accepted. Positions that give work assignments to other employees and review their work products, but do not perform at least 3 of these functions are typically LEAD positions, not supervisory positions.

*Indicate employees supervised, job title and FTE.*

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| --- | --- | --- | --- | --- |
| Employee Supervised |  | Job Title |  | **FTE** |
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**Please follow your department’s or division’s procedures for management review and then submit to your Department HR Manager.**

***Document Retention***

*Review the job description with the employee before submitting it and annually thereafter at the time of the employee’s performance evaluation. Sign and date below and place a copy in the personnel file.*

(Signature below is only required for hard-copy retention within the department. Electronic submission presumes that all necessary department internal approvals have occurred.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee Signature:** |  | **Supervisor Signature:** |  |
| **Date:** |  | **Date:** |  |