

Position Review Form

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|-----------------------------------|--|-------------|--|--|--|------------|--|
| College or Division: | | | | HR Position #: (Leave blank if new position.) | | | |
| Department/Unit Name: | | | | | | | |
| Fulltime Weekly Equivalent (FTE): | | | FLSA: (Leave blank if new position) | | | Exempt | |
| | | | | | | Non-Exempt | |
| Dept Budget #: | | | Budget Speed type: | | | | |
| Funding Source: (Select one) | | State Funds | | Grant/Sponsored Funds | | Other | |

POSITION ACTION REQUESTED

| | |
|--|---|
| | Classify a new position. Please include a separate, updated organizational chart for new positions and check the first box in section I (next page) stating that you have attached the chart to the PRF. |
| | Review a vacant position. Name, Last Day, & Job Title of Last Incumbent: |
| | Review a position with an incumbent. Name & Job Title of Incumbent: |
| | Other (e.g. Update Only, FLSA Review, Demotion, Market Analysis, etc.) Please describe: |

NOTE: For title changes: An updated résumé must be submitted. It should state the month and year when the position was held, individually list each position within the same organization (if applicable), and whether the positions were full or part-time.

DEPARTMENT RECOMMENDATION (optional):

RECOMMENDED BY HR AS:

| | | | | | | | | | |
|--------------------------------------|--|------------|-------------|---------------------------------|--|--|--------------|------------|-------------|
| Title & BCAT | | | | | | | | | |
| Pay grade or Band/Zone: | | | | | | | | | |
| Proposed Hiring Range | | | | | | | | | |
| Incumbent Proposed Salary | | | | | | | | | |
| FLSA Status | Non-Exempt | | | Non-Exempt | | | | | |
| | Exempt | | | Exempt | | | | | |
| Effective Date If Implemented | Mo | Day | Year | Earliest Effective Date: | | | Mo | Day | Year |
| For HR Use Only | Classification and Compensation Reviewer: | | | | | | Date: | | |

| APPROVALS | PRINT & SIGN NAME: | Phone | Date |
|---|--------------------|-------|------|
| Primary Contact Person <small>(Person to whom questions & recommendation should be directed.)</small> | | | |
| Authorizing Official <small>(Person with authority to finalize or implement action & commit funding.)</small> | | | |
| HRAC Rep or Organization Rep <small>(Authorized Signatory as required for the College or Division):</small> | | | |
| Vice President/Dean (for Non-Pay Plan positions) or OTHER Administrative Approval | | | |

I. Organization Chart for the Position

Please submit the following:

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| Attached is an organization chart for the position. Peer comparisons are indicated below |
| Place of this position in the organization is described below in the organization chart |

| | | |
|---|---|--|
| <u>Title of Supervisor's Supervisor:</u> | | New position? Please include a separate, updated organizational chart and check the first box in section I (ABOVE) stating that you have attached the chart to the PRF. |
| ↓ | | |
| <u>Title of Direct Supervisor:</u> | | |
| ↓ | | |
| <u>In-Unit Peer Positions</u> (same or comparable level positions within this work unit): <hr/> | <div style="border: 3px double black; padding: 5px; display: inline-block;">THIS POSITION:</div> | <u>Out-of-Unit Peer Positions</u> (same or comparable level positions at GSU, but in another unit): <hr/> |
| | ↓ | |
| | <u>Subordinate Positions/Direct Reports:</u> Indicate name of employees and Job Titles. <hr/> | |
| | <u>Indirect Reports</u> (thru subordinate supervisors): <hr/> | |

II. Position Summary (for New Position) or Summary of Change (for Existing Position)

Describe specifically why you want to create this position or how the duties of this position have changed in terms of job responsibilities (e.g., supervisory responsibility, level of decision-making, exercising judgment and degree of independence).

III. Essential Duties/Responsibilities

List the essential duties performed as a regular part of the job. Group related duties together in a sentence or paragraph. After listing specific duties, estimate the percentage of time required to perform each duty in the right column. **The total percentage of time required to perform all of duties listed duties should equal 100%.**

| Essential Functions/Responsibilities <i>* Place an asterisk next to any NEW essential functions assigned to the job.</i> | % Time |
|--|---------------|
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IV. Contacts and Communications

| CHECK (X) IF POSITION HAS CONTACT | TYPE OF CONTACT | FREQUENCY OF CONTACT H = Hourly D = Daily W = Weekly M = Monthly Y = Yearly O = Occasionally N = Never | TYPICAL EXAMPLES OF CONTACT IF MORE THAN OCCASIONAL |
|--|---|---|---|
| | General Public/General Callers/Campus Visitors | | |
| | Prospective Students/Their Parents | | |
| | Enrolled Students/Their Parents | | |
| | Alumni/Current or Potential Donors | | |
| | Governor/USG Regents/State Legislators | | |
| | GSU President/Provost/Vice Presidents | | |
| | GSU Deans/Assistant Vice Presidents (AVPs)/Department Chairs/Division Directors | | |
| | GSU Campus Faculty | | |
| | GSU Campus Managers/Professional Staff | | |
| | GSU Campus Support Staff | | |
| | University/Divisional/College Committees | | |
| | Ad hoc Cross Functional Project Teams | | |
| | BOR Central Office/Other USG System Campuses | | |
| | Outside Vendors/Contractors | | |
| | Outside Professional Organizations | | |
| | Outside Media | | |
| | Gov't Agencies/Regulators/Accrediting Agencies | | |
| | Research/Grant Funding Agencies | | |
| | Other: | | |
| | Other: | | |

V. Supervisory Responsibilities (SELECT ONLY ONE)

Check the item below that best describes the position's level of supervisory responsibilities

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| | Provides direct independent supervision (e.g., hiring, firing, training, conducting performance evaluations, and taking disciplinary actions). |
| | Serves as a lead worker (e.g., coordinates the assignment or performance of tasks by other peers and/or team members). |
| | Not Applicable |
| | Other (Please specify): |

VI. Independent Action/Judgment (SELECT ONLY ONE)

To what extent is independent action or judgment typically required in this position? Check the item below that best describes the position's level of responsibility.

| | |
|--|---|
| | This position requires following written or oral procedures or practices. |
| | Activities and decisions are somewhat routine, requiring occasional independent action and judgment. |
| | Activities and decisions are varied in nature, requiring independent action and judgment in solving common problems. Unusual cases or questionable matters are resolved by this position's manager/supervisor. |
| | Activities and decisions are varied in nature. Requires solving both common and unusual problems. The position's manager/supervisor is consulted for clarification of policies only where needed. |
| | Activities and decisions are highly complex. Significant independent action and judgment are required, subject to university-wide policies. |

VII. Budget Responsibilities

| | | |
|---|-----|----|
| Does this position have budgetary responsibility? | Yes | No |
| If Yes, describe the responsibility: | | |
| What is the total budget amount for which this position has responsibility? | | \$ |
| State Funds | | \$ |
| Sponsored Funds/Grant Funds | | \$ |
| Athletic Funds | | \$ |
| Foundation Funds | | \$ |
| Other (explain) | | \$ |
| Total | | \$ |

VIII. Consequence of Errors

Describe the consequence of errors or the risks involved from decisions made or action taken by this position.

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IX. Confidential/Sensitive Information

Does this position have responsibility of dealing with information that would ordinarily be considered sensitive, privileged, or confidential?

- No
- Yes (Please describe below.)

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X. Working Environment

Check the one box that best describes this position’s work environment.

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| | Work environment involves minimal physical risks. |
| | Work environment involves some physical risks that require following basic safety precautions. |
| | Work environment involves exposure to potentially dangerous chemicals or materials and situations that require following extensive safety precautions, including the use of protective gear. |

XI. Work Experience/Educational Background

Please complete Section A or Section B. Published MHSs can be found at the following link: <http://managers.hr.gsu.edu/job-specs/>

A. Use Published Minimum Hiring Standards on file for Job Title

Or

B. Use information below to develop Minimum Hiring Standards for Job Title

Indicate below the level of work experience you think may be required for this position. This information will be used to develop the MHS for this position. **(SELECT ONLY ONE)**

| | | | | | | | |
|--|---------|--|---------|--|-----------------|--|---------|
| | 1 year | | 2 years | | 3 years | | 4 years |
| | 5 years | | 6 years | | 7 years or more | | |

Indicate below the level of education you think may be required for this position. This information will be used to develop the MHS for this position. **(SELECT ONLY ONE)**

| | |
|--|---|
| | High school diploma or equivalent |
| | Post high school trade or technical |
| | Some college, or associate’s degree |
| | Bachelor’s degree Field: |
| | Master’s degree Field: |
| | Doctoral degree Field: |
| | A combination of work experience, including training and education, may be substituted for degree |

Specify any areas of training, content expertise, and/or licensure/certification ordinarily expected of a competitive candidate.

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XII. Additional Information

If this is a reclassification request for an incumbent, please complete the “Position Review Form Supplement” (PRFS). The supplement is to be submitted with this PRF.