

**STATE OF MARYLAND
DEPARTMENT OF BUDGET AND MANAGEMENT
OFFICE OF PERSONNEL SERVICES AND BENEFITS
301 West Preston Street
Baltimore, Maryland 21201**

POSITION DESCRIPTION

Review instructions prior to completion.

PART I. IDENTIFYING POSITION INFORMATION

ITEMS 1-6 to be completed by Agency Personnel Office.

1. PIN	2. CLASS CODE/GRADE
3. SERVICE	4. Is this position designated as a Special Appointment? Yes No
5. OVERTIME STATUS	6. AGENCY APPROPRIATION CODE

ITEMS 7-13 to be completed by the Supervisor.

7. Current Employee's Name, if applicable _____

8. Class Title _____
Working Title, if different _____

9. Department or Agency Name _____
Division, Unit or Section _____

10. Work Location/Address _____

11. Immediate Supervisor Name _____
Title of Immediate Supervisor _____

12. Work Schedule: (Check all that apply)

Permanent Day Shift	Rotating Shift
Permanent Evening Shift	Full Time
Permanent Night Shift	Part Time
Other (Explain)	

13. If applicable, how long has the current employee been performing the duties listed below?

PART II. POSITION FUNCTIONS

ITEMS 1-7 If additional space is required, attach a separate sheet.

1. MAIN PURPOSE OF THE JOB:

Briefly describe the main purpose of this position and how it relates to the mission of the agency.

2. ESSENTIAL JOB FUNCTIONS AND OTHER ASSIGNED DUTIES:

List duty and responsibility statements that identify the essential job functions and other assigned duties. Essential job functions are the fundamental job duties of a position that, if not performed, will alter the job. (Identify essential job functions by highlighting, underlining, etc.)

% of Time and/ or Weight of Importance	Job Duty

% of Time
and/or Weight
of Importance

Job Duty

% of Time and/or Weight of Importance	Job Duty

3. LEVEL, FREQUENCY AND PURPOSE OF WORK CONTACTS:

List the contacts that this position has with individuals within the division, agency and department as well as other State agencies, other government agencies, private companies, clients, customers, vendors and the general public. These contacts may be in person, in writing or by telephone. Indicate how often the contact occurs. State the purpose of each contact, for example, to provide information, to explain procedures or decisions, to persuade or negotiate.

4. DECISIONS AND RECOMMENDATIONS:

List the decisions and recommendations that this position makes which are necessary to carry out essential job functions. State to whom recommendations are made.

5. EQUIPMENT USED:

List equipment, machinery and tools used to complete this job (e.g. personal computer, calculator, typewriter, hand tools, measuring devices, lab equipment).

6. NATURE OF SUPERVISION RECEIVED:

Check the type of supervision given to this position. See Instructions Part II, Item 6 for definition of terms.

Close Supervision

General Supervision

Moderate Supervision

Managerial Supervision

7. WORKING CONDITIONS: (Check all that apply)

Work involves exposure to uncomfortable or unpleasant surroundings. Explain:

Work involves exposure to hazardous conditions which may result in injury. Explain:

Work involves special physical demands (e.g., lifting 50 pounds or more, climbing ladders, etc.) Explain:

Work requires use of protective equipment (e.g., goggles, gloves, mask, etc.) Explain:

PART III. RESPONSIBILITIES FOR THE WORK OF OTHERS

This section should be completed if this position is responsible for the work of others. This includes full- and part-time permanent employees, contractual or emergency employees, volunteers, reimbursable or loaned employees. If additional space is required, attach a separate sheet.

NATURE AND LEVEL OF RESPONSIBILITY FOR WORK OF OTHERS:

Supervisor: A supervisor assigns and reviews the work of other, trains employees, recommends the selection, promotion and termination of employees, approves leave and signs time cards, signs annual performance evaluations, determines and resolves procedural problems within the unit, serves as spokesperson for subordinates, explains policies and directives from management and issues formal disciplinary reminders, warnings and reprimands.

Lead Worker: A lead worker assigns and reviews the work of others, instructs and motivates worker, is available for immediate assistance or review and performs the work of the classification.

a. Does this position supervise employees? Yes No

b. Does this position lead employees? Yes No

If yes to a or b, list the names and classifications of the employees that this position supervises or leads.

c. Check all the ways that this position supervises or leads these employees.

Assigns and reviews work

Interview & select new employees

Approve leave, sign time card

Train employees

Sign annual performance ratings

Discipline employees (counsel, recommend suspension & termination)

d. Do any of the employees supervised have supervisory responsibility? If so, list them and the names and classifications of those they supervise or attach an approved organization chart.

PART IV. PERFORMANCE STANDARDS

For each essential job function described in Part II, list the standard(s) necessary for satisfactory performance.

Job Duty	Performance Standards
1	
2	
3	

Job Duty	Performance Standards
4	
5	
6	

PART V. SIGNATURES

The following signatures indicate acknowledgment by the employee of the information on this form, when applicable, and approval by the supervisor and appointing authority.

Employee Signature/Date

Supervisor Signature/Date

Appointing Authority or Designee Signature/Date

FOR POSITIONS DESIGNATED AS A POLITICAL SPECIAL APPOINTMENT POSITION ONLY

This is to certify that I understand that this has been designated as a special appointment position which may be filled with regard to my political affiliation, belief or opinion. I have been informed of my limited rights of appeal for any disciplinary action including termination of employment. I further understand that, in this position, I serve at the pleasure of the appointing authority and can be terminated for any reason; including my political affiliation, belief or opinion, that is not illegal or unconstitutional.

Employee Signature/Date

FOR OTHER SPECIAL APPOINTMENT and MANAGEMENT SERVICE POSITIONS ONLY

This is to certify that I understand that this is a special appointment or management service position and I have been informed of my limited rights of appeal for any disciplinary action including termination of employment. I further understand that, in this position, I serve at the pleasure of the appointing authority and can be terminated for any reason that is not illegal or unconstitutional.

Employee Signature/Date