

Position Description

Read each heading carefully before proceeding. Make statements simple, brief and complete. Be certain the form is signed. Send the original to the Human Resources Office.

CHECK AS APPROPRIATE: ☐ **Unclassified** ☐ **Classified** ☐ **Regular** ☐ **Temporary**

PART I – To be completed by department head or human resources office.

1. Agency Name		8. Position Number		
2. Division		9. Current Title (if existing position)		
3. Unit/Office		10. Proposed Title		
4. Name of Incumbent		11. Working Title		
5. Work Station Location (Subject to Change) City: _____ County: _____		For use by Human Resources Department	12. Allocation	
6. Check appropriate time: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time _____%			13. Effective Date	14. FLSA Status
7. Regular Hours of Work FROM: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM TO: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa OTHER: _____			15. By:	Approved:
			16. KPERS Designation <input type="checkbox"/> Corrections A <input type="checkbox"/> Corrections B <input type="checkbox"/> Regular	

PART II – To be completed by department head or human resources office or supervisor of the position.

17. Describe the mission, goal, and/or purpose of this position. Why does it exist?

18. Who is the supervisor of this position (person who assigns work, gives directions, answers questions and is directly in charge)?

Name	Title	Position Number
------	-------	-----------------

19a. Check the statement that best describes the leadership, supervisory or management responsibilities of this position.

- ☐ **None.**
- ☐ **Lead Worker.** Plans and coordinates the work of co-workers, guiding and training them while performing the same kind and level of work a majority of the time.
- ☐ **Supervisor.** Assigns, directs, reviews and evaluates the job performance; has significant input into decisions related to hires, transfers, promotions, demotions, dismissals, and discipline of employees under his or her supervision. The majority of the work is different from that of subordinates.
- ☐ **Manager.** Integrates and coordinates the activities of several organizational functions or programs and initiates changes through subordinate supervisors or integrates and coordinates the activities of one or more programs having department-wide impact.

b. List all persons who are supervised directly by employee in this position:

20. Describe the work of this position using this page or one additional page only. Also note, Essential Function Form is attached.

Use the following format for describing job duties. What is the action being done (use an action verb); to whom or what is the action directed (object of action); why is the action being done (be brief); how is the action being done (be brief). Number each task and indicate percent of time an incumbent spends or would spend performing each task:

No.	%	Job Duties

21a. How much latitude is allowed the employee in completing the work? b.) What kinds of instructions, methods and guidelines are given to the employee in this position to help do the work? c.) State how and in what detail assignments are made:

22. What hazards, risks or discomforts exist on the job or in the work environment? Frequency of exposure?

PART III – To be completed by department head or human resources office.

23. List the minimum amounts of education and experience which you believe to be necessary for an employee to begin employment in this position:

Required Minimum Qualifications:

Preferred Skills and/or Qualifications:

Necessary Special Qualifications, Licenses, Certifications, and/or Registrations:

_____ Signature of Employee	_____ Date	_____ Signature of Human Resources Official	_____ Date
_____ Signature of Supervisor	_____ Date	_____ Signature of Agency Head or Appointing Authority	_____ Date

ESSENTIAL/EVENT DRIVEN FUNCTIONS

Corrections Officers/Juvenile Corrections Officers/Specialists

This form is a dual use form. It is not intended to screen out applicants. This form may be used after a conditional offer has been made or during employment.

Essential - Duties are fundamental to the position based on the function and the results to be achieved, rather than the manner in which they are being performed. Duties are directly related to the reason the position exists and cannot be reassigned without changing the nature of the position. Considered by Occupational Exposure Control (OEC) as a Category I duty due to the **frequency** of performance.

Event Driven - Duties may be performed in an emergency, or on an infrequent or occasional basis; but when performed, these duties are necessary to the position and critical to the safety and security of staff, offenders, and/or the public. Considered by OEC as a Category II duty due to the **infrequency** of performance.

FUNCTION		Essential OEC I	Event Driven OEC II	Medical Practitioner Use Only: Note functions unable to perform
PHYSICAL ENVIRONMENT	Regular, punctual and predictable attendance.	X		
	Mandatory overtime or compensatory time as required.	X		
	Work is performed indoors in a controlled environment with few temperature extremes.		X	
	Work is performed indoors in a controlled environment with occasional temperature extremes.	X		
	Work is performed outdoors requiring exposure to extreme heat and/or cold.	X		
	Work is performed in a high-noise environment requiring the worker to shout to be heard.	X		
	Work involves performing repetitive motions with one or more extremity.	X		
	Work involves exposure to conditions that may affect the respiratory system or the skin, such as chemicals, paint, cleaning agents, other fumes or odors.		X	
	Work involves exposure to vibrating movements of the extremities or whole body.		X	
	Exposure to bodily fluids. Exposure may include obtaining urine specimens; touching blood, body fluids with visible blood, tissue, semen, vaginal secretions, breast milk, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid and/or amniotic fluid; cleaning and disinfecting environmental surfaces with blood, body fluids and/or tissue/ and touching non-intact skin and mucous membranes.	X		
PHYSICAL ACTIVITY	Exposure to chemicals, including cleaning products, maintenance materials (such as paint).		X	
	Walking or otherwise moving about on foot at a normal pace for just a few minutes at a time.	X		
	Walking or otherwise moving about for extended periods of time, up to 6 hours per day.	X		
	Running: Moving quickly on the feet in continued and sustained motion over short distances.	X		
	Bending at the Waist: Bending body downward and forward by bending the spine at the waist.	X		
	Kneeling: Bending the legs at the knee to come to rest on the knee or knees.	X		
	Crouching: Bending the body downward and forward by bending the legs and spine.	X		
	Crawling: Moving about on the hands and knees or hands and feet.		X	
	Climbing: Ascending or descending ladders, stairs, ramps, and the like, using the feet and legs and/or hands and arms.	X		
	Balancing: Maintaining body equilibrium to prevent falling when walking, standing, crouching on narrow, slippery, or erratically moving surfaces. Exceeds that needed for ordinary maintenance of body equilibrium.		X	
	Lifting: Raising or lowering an object from one level to another.	X		
	Carrying: Transporting an object, using the hands, arms, and/or shoulders.	X		
	Pushing: Using upper extremities to press against with steady force in order to thrust forward, downward, or outward.	X		
	Pulling: Using upper extremities to exert force in order to draw, haul, drag, or tug objects in a sustained motion.	X		
	Reaching: Extending the hands and arms in any direction.	X		
	Handling: Seizing, holding, grasping, turning, or otherwise working with the hands and wrists.	X		
	Finger Dexterity: Picking, pinching, or otherwise working primarily with finger(s).			
	Sitting for long periods of time.	X		
	Standing for long periods of time.	X		
	Talking: Expressing or exchanging ideas by means of the spoken word.	X		
	Conveying Information: Communicating work-related information to others.	X		
	Conveying Information: Testifying in court or other official proceedings.		X	
	Hearing: Perceiving the nature of sounds by the ear with or without correction.	X		
	Seeing: Seeing with close, distance, and peripheral vision, depth perception, and the ability to adjust focus. Obtain impressions through the eyes of the shape, size, distance, motion, color, or other characteristics of objects.	X		
	Clarity of vision at 20 feet or more;	X		
	Clarity of vision at 20 inches or less		X	
	Ability to identify and distinguish colors		X	

FUNCTION		Essential OEC I	Event Driven OEC II	Medical Practitioner Use Only: Note functions unable to perform
PHYSICAL STRENGTH	Sedentary Work: Lifting/carrying/moving up to 10 pounds occasionally	X		
	Light Work: Lifting/carrying/moving 11 to 20 pounds occasionally and/or up to 10 pounds frequently.	X		
	Medium Work: Lifting/carrying/moving 21-50 pounds occasionally and/or 11-20 pounds frequently.	X		
	Heavy Work: Lifting/carrying/moving 51-100 pounds occasionally and/or 21-50 pounds frequently (40 lb. average for JCO).		X	
	Very Heavy Work: Lifting/carrying/moving 100 pounds occasionally and/or in excess of 50 pounds frequently.		X	
OTHER ACTIVITIES	Comprehending verbal instructions.	X		
	Reading and comprehending written instructions.	X		
	Composing simple sentences.	X		
	Observing and recalling details of incidents.	X		
	Recalling a series of numbers and/or names.	X		
	Performing CPR and other emergency first aid procedures.	X		
	Remaining calm under stress or in emergency situations.	X		
	Operating a motor vehicle.		X	
	Operating heavy equipment.		X	
	Using safety or emergency equipment.		X	
	Qualify on firearms annually. (Applies only to ECF,EDCF, HCF, LCF, LCMHF,NCF,TCF,WCF)	X		
	Qualify in Self-Defense training annually.	X		

This form accurately describes the essential functions that apply to my position.

Signature of Employee _____

Date _____

Signature of Supervisor _____

Date _____

Completed by Health Care Provider

It is my opinion that _____
Name of Employee/Patient/Client

() is currently able to perform all of the essential/critical functions of his/her position; or

() is not currently able to perform all of the essential/critical functions of his/her position as noted (degree of restriction, if applicable):

() will be able to perform all of the essential/critical functions of his/her position with the following accommodations: (Add additional pages if more space is needed.)

Signature of Health Care Provider _____

Date _____

Printed Health Care Provider Information _____

Health Specialty _____