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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **LAST NAME** | **FIRST NAME** | | | | | | **PERSONNEL NUMBER** | | | | **POSITION NUMBER** | | |
|  |  | | | | | |  | | | |  | | |
| **JOB TITLE** | | **WORKING TITLE** | | | | **DEPARTMENT** | | | | | **DIVISION** | | |
|  | |  | | | |  | | | | |  | | |
| **SUPERVISOR’S NAME** | | | | **SUPERVISOR’S TITLE** | | | | | | | **BARGAINING UNIT** | | |
|  | | | |  | | | | | | |  | | |
| **START TIME** | | | **END TIME** | | | | | | | | **HOURS PER WEEK** | | |
|  | | |  | | | | | | | |  | | |
| **Regular**  **Temporary**  **Full-Time**  **Part-Time** | | | **Days Worked** (check all that apply) | | | | | | | | | | |
| **Sun** | | **Mon** | | | **Tues** | **Weds** | **Thurs** | | **Fri** | **Sat** |

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| **POSITION PURPOSE**: *Describe the primary purpose of this position and how it contributes to the objectives of IUP* |
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| **MINIMUM EXPERIENCE & TRAINING**: |
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| **PREFERRED KNOWLEDGE, SKILLS AND ABILITIES:** |
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| **DECISION MAKING:** |
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| **ESSENTIAL FUNCTIONS**: *Provide a list of essential functions to perform the duties of this position.* |
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| **DESCRIPTION OF DUTIES**: *A detailed description of the duties and responsibilities assigned to this position.* |
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| **Competencies:** *To perform the job successfully, and individual should demonstrate the following competencies.*  **Adaptability/Flexibility** – embraces change with innovation, courage and resiliency.  **Promote Key Values** – consistently demonstrates Indiana University of Pennsylvania’s values.  **Communicates Effectively** – shares information and engages in candid and open dialogue.  **Focuses on Customers** – works to exceed expectations of internal and external customers.  **Produces Results** – directs action toward achieving goals that are critical to Indiana University of Pennsylvania’s success.  **Manage Own Performance** – plans and organizes time and priorities to achieve expected results.  **Uses Sound Business Judgement** – uses knowledge of the field and common sense to make the best decisions.  **Teamwork/Collaboration** -excels at building partnerships and working as part of a team. |

**CERTIFICATION**

I certify to the best of my knowledge all statements contained in this job description are correct.

By typing my name below, followed by the /s/, this will certify as my electronic acknowledgment

of this job description.

|  |  |  |
| --- | --- | --- |
| **Employee’s Acknowledgement** | **Job Title** | **Date** |
| Click here to enter text./s/ | Click here to enter text. | Click here to enter text. |
| **Supervisor’s Acknowledgement** | **Job Title** | **Date** |
| Click here to enter text./s/ | Click here to enter text. | Click here to enter text. |
| **Classification Analyst Review Acknowledgement** | **Job Title** | **Date** |
| Click here to enter text./s/ | Click here to enter text. | Click here to enter text. |

**ORGANIZATIONAL STRUCTURE**

**Complete the appropriate boxes in the chart below, providing names and job classifications as specified.**

**DO NOT include student workers, interns or graduate assistants.**

|  |
| --- |
| SUPERVISOR: |
|  |
| SUPERVISOR JOB TITLE: |
|  |

|  |
| --- |
| INCUMBENT NAME or VACANT: |
|  |
| CURRENT CLASSIFICATION: |
|  |

|  |  |
| --- | --- |
| Names & Classification of employees reporting to **THIS POSITION** | Names & Classification of employees reporting to the **SUPERVISOR POSITION** |
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