

This is NOT an official Personnel Cabinet Position Description form. ONLY a medium to provide the Position Description information to the agency contact with access to the official Personnel Cabinet's Position Description form in KHRIS.

Org Unit ID:		Position:	
Job Number:		Job Title:	
Position Title:			
Org Unit Title:			
	Is Chief of Org Unit?		
Personnel Area:		Personnel SubArea:	
Employee Group:		Employee SubGroup:	
Pay Grade Type:		Pay Grade Area:	
Grade:		Level (if applicable):	
	Unclassified?		
	If unclassified, provide Working Title:		
	Included in CAP		Not Included in Cap
Work County:			
Function Group:			
Time Approver:			
Cost Center:			
Supervisor Pos No:			
Order Number:			
WBS Element:			
Functional Area:			
Remarks:			
Statement of Duties (Briefly state the main function of this position):			
List up to (7) primary tasks and duties performed by this position. Begin with the most important duty. Enter the % assigned for each task or duty. Total percentage for all entered tasks must be 100%.			
Task 1:			%
Task 2:			%

Task 3:			%
Task 4:			%
Task 5:			%
Task 6:			%
Task 7:			%
Total Percentage:			%
The supervisor must certify that the information listed is, to the best of his/her knowledge, complete and accurate, and if the position is filled the employee has reviewed the information contained herein.			
Supervisor ID (who certifies that the above statement is true):			
Supervisor Name:			
Does the incumbent of this position conduct performance appraisals on subordinate employees?		YES	NO
If yes, list <u>ALL</u> Job Title(s) and Position Number(s) supervised:			
Does the incumbent of this position supervise employees, inmates, interim employees, etc.. Which do not require the completion of a performance appraisal?		YES	NO
If yes, list <u>ALL</u> employees supervised and indicate the relationship to incumbent.			
Are there any essential functions of this position that require an incumbent to:			
(Select check box(es) to indicate as 'YES')			
<input type="checkbox"/> Maintain a valid driver's license? <input type="checkbox"/> May be required to carry and/or use a Firearm? <input type="checkbox"/> Lift heavy objects or work in uncomfortable positions for extended periods of time? <input type="checkbox"/> Be exposed to dangerous working conditions including rough terrain? <input type="checkbox"/> Frequently communicate in person or by other means of technology? <input type="checkbox"/> Spends a major portion of time using a computer? <input type="checkbox"/> Be exposed to contagious disease? <input type="checkbox"/> Work overtime or alternate work schedules?			

Additional Information:

**Submission/Responsibility**

In accordance with 101 KAR 2:020 Section 4, I certify that these duties and tasks and all other information contained herein are true and accurate. I understand that submitting false information can lead to disciplinary action, up to and including dismissal.

Supervisor responsible for this position:

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date \_\_\_\_\_

Printed Title: \_\_\_\_\_

[Electronic signatures are equivalent to written signatures, pursuant to KRS 369.118]

**TO BE COMPLETED/FILLED-IN AFTER PROCESSING:**

Date Entered: \_\_\_\_\_

Entered By: \_\_\_\_\_

Comments: