

## **NEW POSITION DUTIES STATEMENT**

## CHAUTAUQUA COUNTY DEPARTMENT OF HUMAN RESOURCES

3 North Erie St. - Gerace Office Building Mayville, NY 14757-1007 Phone 716-753-4237 Fax 716-753-4686 E-MAIL cchrs@chqgov.com

Section 22 of Civil Service Law authorizes the Personnel Officer of the Chautauqua County Department of Human Resources to assign the classification of position titles for all positions employed by all agencies under its jurisdiction. Agency officials must secure the certification of the Personnel Officer for all new/reclassified positions before the commencement of employment activities.

<u>DIRECTIONS</u>: This form is intended to gather a variety of information concerning the duties and organizational role of a new position, or a position that is being evaluated for potential changes. This form should be completed by a person who is authorized by the chief administrative officer of the agency. The person completing the form should be the one who is most familiar with the duties, requirements and organizational placement of the position(s) requested. The form should be completed electronically or by hand and sent to the Chautauqua County Department of Human Resources. The document is preferred to be received electronically via email.

1) AGENCY/COUNTY DEPARTMENT NAME:	2) NUMBER OF POSITIONS:	3) COUNTY ONLY - G/L BUDGET NUMBERS: Fund: Dept No: Sub Dept No:	
		Proj: Sub Proj:	
4) HOW IS THE POSITION TO BE STAFFED? (Select only one)  Permanently (Position without a pre-determined time limit)			
Temporary for a limited period of months Seasonally for work that occurs each year from through			
5) NUMBER OF HOURS SCHEDULED PER WEEK?  If this position has NO scheduled hours select one below:			
Works occasionally when additional staff is required To fill in for permanent staff who are absent on a particular day			
6) ENTER THE NAME & TITLE OF PERSONS SUPERVISING THIS POSITION:			
Immediate Supervisor & Title			
Administrative Supervisor & Title			
7) WILL THIS POSITION SUPERVISE ANYONE? IF <u>YES</u> , HOW MANY?			
List Employees by Name & Title (If more than 4, list the number of workers for each title rather than names)			
8) ENTER THE <u>NAMES</u> & <u>TITLES</u> OF OTHER EMPLOYEES DOING SUBSTANTIALLY THE SAME KIND OF WORK:			
9) ENTER THE <u>MINIMUM</u> <u>QUALIFICATIONS</u> YOU SUGGEST SHOULD BE REQUIRED FOR THIS POSITION:			
EDUCATION: (Check the minimum level of achievement below)			
High School Diploma/HSE/GED Associates	(2 yrs.) Bachelors (4 yrs	s.) Other	
WORK EXPERIENCE: (List the minimum length of experience desired in addition to the education above)			
None OR Years Months			
Describe the type of desired work experience below:			
DRIVER'S LICENSE: (List the type of Driver's license & endorsements required to perform the duties below)			
OTHER LICENSES/CERTIFICATIONS: (List all non-driving licenses/certifications required to perform the duties below)			
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LANGUAGE: (List all languages required to perform the duties below)			
TOOLS & EQUIPMENT: (List general types, such as office machines & hand tools used to perform the duties below)			
ESSENTIAL KNOWLEDGE, SKILLS & ABILITIES: (List the MINIMUM knowledge, skills & abilities below)			

10) ENTER A BRIEF SUMMARY OF THE ROLE THIS POSITION WILL PLAY IN YOUR ORGANIZATION:	
11) DESCRIPTION OF DUTIES & RESPONSIBILITIES: Please Read Directions Listed Below & Attach an Organizational Chart. <u>DIRECTIONS</u> : Using the spaces provided below, please describe the general set of duties that are to be performed by this position. Group individual tasks logically into several major functions or duties and use a separate line for each major group. List most important or time consuming duties first. <b>DO NOT USE ACRONYMS OR ABBREVIATIONS</b> . Begin each duty statement with an action verb and organize duties in a logical manner of duties to be performed. Estimate the percentage of time spent per week on each function. (20%=one day per week, 5%=2 hours per week. Anything less than 5% might be able to be grouped with another function. <b>PERCENTAGES MUST ADD UP TO 100%</b> .	Э
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12) AFFIRMATION SIGNATURE REQUIRED: The above statements are true and accurate. This document is presented with the knowledge and authorization of the chief administrative officer of my agency. Typed Name & Checked "APPROVED" box indicates signature of approval APPROVE	
Print Name & Title of Person Completing Form Signature of Appointing Authority or Designee Date  13) CHAUTAUQUA COUNTY ONLY - CERTIFICATE OF PERSONNEL OFFICER: In accordance with the provisions of Civil Service Law, Section	
22 the Chautauqua County Department of Human Resources certifies that the appropriate civil service title for the position is described as the following:	
Position Title: Jurisdictional Class:	
Date Approved Authorizing Signature & Title  Position Number(s)	