

CIVIL SERVICE POSITION DESCRIPTION FORM

Southern Illinois University Carbondale

INCUMBENT _____

CSN _____

PRESENT CLASSIFICATION _____

DATE _____

Function

Organizational Relationship

Duties and Responsibilities

List, in order of decreasing importance, the duties and responsibilities of this position. List only the essential duties of the job. Essential duties are those which meet the following standards: the duty must be done, taking this duty from the job would fundamentally change the job, the job exists to perform this duty, and there would be significant consequences if this duty is not done.

Knowledge Required for the Job

Describe the nature and extent of information or facts which the incumbent must understand to do acceptable work (steps, procedures, practices, rules, theory, principles and concepts) and the nature and extent of skills/abilities necessary to apply these knowledges.

Responsibility

A. Supervisory Controls

B. Guidelines

Describe the degree of applicability and specificity of available guidelines to the work performed and the employee's responsibility for adhering or deviating from guidelines. To what extent are the major duties of the position covered by guidelines?

Difficulty

A. Complexity

B. Scope and Effect

Personal Relationships

Working Conditions

Comments

INCUMBENT _____

DATE _____

REVIEWED BY: _____

DATE _____

IMMEDIATE SUPERVISOR _____

DATE _____

DEPARTMENT HEAD _____

DATE _____

NOTE: Please be sure the appropriate signatures are included on the completed description to indicate agreement and review. Significant differences between the supervisor's view of the position and the employee's view should be discussed and resolved prior to submittal of the position description. Unsigned descriptions received in Human Resources will be returned to the department head.

CSN: _____

Classification: _____

ESSENTIAL PHYSICAL REQUIREMENTS			
Activity (check frequency)	FREQUENCY		
	Occasional	Frequent	Constant
	1-33% of Day 0-100 Reps/Day	34-66% 101-800 Reps/Day	67-100% >800 Reps/Day
Bending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Squatting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gross hand manipulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fine hand manipulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working in dust, fumes, gases, or irritants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing stairs or ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operating motor vehicles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working above shoulder level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twisting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pushing or pulling*	lbs. <input style="width: 50px;" type="text"/>	lbs. <input style="width: 50px;" type="text"/>	lbs. <input style="width: 50px;" type="text"/>
Carrying*	lbs. <input style="width: 50px;" type="text"/>	lbs <input style="width: 50px;" type="text"/>	lbs <input style="width: 50px;" type="text"/>
Lifting*	lbs. <input style="width: 50px;" type="text"/>	lbs <input style="width: 50px;" type="text"/>	lbs <input style="width: 50px;" type="text"/>
Other (Please List)			
<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*List weight requirements in each applicable frequency (i.e. 75 lbs on an occasional basis and 50 lbs on a frequent basis).