



**NORFOLK STATE UNIVERSITY
POSITION DESCRIPTION
ADMINISTRATIVE FACULTY**

INSTRUCTIONS: This position description is an important document for determining the appropriate classification, pay range and performance standards for a position. Parts I and II are generally completed by the employee in the position with supervisory review. The shaded areas of Part I, however, should be completed by the supervisor or agency personnel officer. Part III is to be filled out by the immediate supervisor. Please be sure that the information on this form is accurate and complete. You may refer to the Position Description Brochure, "Here's How to Write a Position Description" for guidance in the completion of this form.

PART I: ORGANIZATIONAL INFORMATION

1. Name (first, last, middle)	2. Date:
3. Class Title:	4. Position Number:
5. Working Title if Different:	6. Agency:
7. Work Location and Code:	8. Agency Code:
9. Title/Position# of Supervisor:	10. Organizational Unit:

PART II: POSITION INFORMATION

11.	<u>State the chief objective of your position in a brief statement:</u>
12.	<p>Prior to filling out the next section, think about the tasks and duties that you perform in your role description. Consider the time you spend on the tasks and duties, how important they are to achieving the organizational and position objective of your position, and the processes or ways in which you perform these tasks and duties. After considering these aspects of your position, state the tasks and duties that you perform in your role on page 2 of this form in this order:</p> <ol style="list-style-type: none"> 1. State the most important duty first and finish with the least important duty. 2. Calculate the percent each duty requires of your total working time. Be sure these percentages total 100%. 3. Include all tasks, duties, and functions that you perform except those that occupy 2% or less time, unless you consider them very important.

PERCENT OF TOTAL WORKING TIME	WORK TASKS AND DUTIES

13. What work actions and/or decisions do you make without prior approval? To what extent do you receive advice and guidance from your supervisor? State examples of the type of supervisory advice and guidance that you receive as well as actions or decisions you make without prior approval.

14. List and explain the contacts you have both inside and outside the State Government, if any, as a routine function of your work. Do not list contacts with supervisors, co-workers, and subordinates.

PERSONS OR ORGANIZATIONS	PURPOSE	HOW OFTEN	INSIDE/OUTSIDE STATE GOV'T

(Additional Comments by Employee)

PART III: TO BE COMPLETED BY THE SUPERVISOR

15. Please review the employee's statements and comments for this position to ensure their completeness. State any additions and/or revisions.

16. What is the most important service or product you expect of the position described in this questionnaire? Explain.

17. List the class titles, position numbers, and names of other employees under your direct supervision that have the same duties and responsibilities as this position.

CLASS TITLE	POSITION NUMBER	EMPLOYEE NAME
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18. List what you consider to be the qualifications for entry into this position:

A. What knowledge, skills, and abilities should a new employee bring to this position?

B. Special licenses, registration or certification:

C. Education or training (cite major area of study):

D. Level and type of experience:

PART IV: SIGNATURE LINES

19. We understand the above statements, and they are complete to the best of our knowledge.

Employee's signature _____ Date

Supervisor's signature _____ Date

Appropriate Vice President _____ Date

20. Attach an organization chart showing this employee's position within your organizational unit.