Information Technology Position Description

For assistance completing this form, contact your supervisor/manager or your Human Resources (HR) Office. Complete form, obtain all signatures, scan and save using the following naming convention: [Agency/Institution]_IT_[Position Number]_[Date: YYYYMMDD].

Example: DSHS_IT_0480_20150621.

Example. D	0, 10_, 1_0 100_	_20700027.				
Position	Information	on				
Agency/HE	Institution, Div	ision, Unit:				
Action:	Establish	Reallocate	Review/No	Review/No Change		
Class Code	and Title:					
Current Sala	ary Range:					
Proposed C	lass Code and	l Title:				
Proposed S	alary Range:					
Agency/HE	Institution Pos	ition Number:	HRMS Positi	on Number ((if applicable):	
Project Title	(if applicable)	:				
Assignment	Pay:	Dual Language	Other:			
Incumbent's	Name (If filled	d position):				
Address Wh	nere Position Is	s Located (Duty Stati	on):			
Work Sched	dule:	Part Time	Full Time			
HR Approve	ed Overtime El	igible:	Yes	No		
Position rep	resented by a	Master Agreement:	Yes	No		
If Yes , list M	laster Agreem	ent:				
Position has	s an approved	In-Training Plan:	Yes	No		
	ch Position Des tion (if applical	•	Training Level Date	e of Position	Description Used for	
Supervisor's	s/Manager's N	ame and Title:				
Supervisor's	s/Manager's Pl	hone:				
Date Compl	eted:	Date Previou	us Position Descrip	tion Approve	ed:	
Primary Job Family (select one):						

Secondary Job Family (select one, if applicable):

Organizational Structure (Attach an organizational chart.)	
Summarize the functions of the position's division/unit and how this position fits into the org structure:	anizational
Position Objective	
Describe the main purpose of the position and the type and nature of the work performed:	
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Assigned Work Activities (Duties and Tasks)

Describe the duties and tasks and underline the essential functions. Task statements should describe the action performed; to **whom** or **what**; using what **tools**, **equipment**, **methods**, **and/or processes**; **and the final product or outcome**.

For more guidance, see **Essential Functions Guide** and **Examples of Work Statements**.

List the assigned work in order of importance including the final product or outcome for each, with essential functions underlined:

Problem Solving

What are the most complex and/or challenging issues addressed by this position? Give 3 to 4 examples and how each is resolved.

Complex/Challenging Issue	How Resolved	Frequency

Decision Making
What duties are performed that require the position to make choices, determinations or judgments?
Which decisions are sent to the next level of supervisor/manager or technical authority for recommendation/decision?

Describe the potential impact of error (What potentially could happen in the event that the individuals to fail to perform their job correctly?) List who (citizens, other department/unit personnel, statewide personnel, etc.) would be impacted the degree of impact.	dual
	ed and
List what (dollars, larger systems, processes, other resources, etc.) would be impacted and the degree of impact.	
Financial Dimensions (if applicable)	
Describe the type and annual amount of all monies that the position directly controls, administer manages (excluding employee salary and benefits). For example: delegated signature authority amount, invoice approval for contract expenditures.	

Lead Work/Supervisory Responsibilities

Lead Position: Yes No Supervisory Position: Yes No

Assigns Work Instructs Work Checks Others' Work

Plans work Evaluates Performance *Takes Corrective Action

*Hires *Terminates

(*Has the authority to effectively recommend these actions.)

List Class Title and Working Title of Position(s) Supervised	If Part Time, What %

Add information that clarifies this position's lead or supervisory responsibilities:

Working Relationships

Level of Supervision received. For more guidance see Glossary of Classification Terms.

Direct/Close Supervision: Most work is reviewed in progress and upon completion.

General Supervision: Completed work is spot checked.

General Direction: Completed work is reviewed for effectiveness and expected results.

Administrative Direction: Completed work is reviewed for compliance with budget, policies, laws and program goals.

Add information that clarifies this position's interactions with others to accomplish work:

Continuity of Operations Plans (COOP) Designation – For Disaster or Emergency Recovery

For more information see <u>COOP and Critical Positions</u>. For higher education, refer to your list of essential personnel.

Is this position designated critical based on agency COOP?

Yes

No

If **Yes**, describe how this position supports the agency *COOP Critical Functions*.

Qualification – Knowledge, Skills and Abilities

Required Education, Experience or Certifications

	<u> </u>
Desirable/Preferred Education, Experience or Certifications	Application (why each qualification exists)
	Application (why each qualification exists)
	Application (why each qualification exists)
	Application (why each qualification exists)

Application (why each qualification exists)

List the competencies (knowledge, skills, abilities and behaviors) and a description of each necessary to successfully perform the work of the position:	that are
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Special Requests and Conditions of Employment

Examples: Must possess valid drivers' license and good driving record. Must successfully pass a criminal background check.

Working Conditions	
Work Setting, including hazards:	
Schedule (i.e., hours and days):	
Travel Requirements:	
Tools and Equipment:	
Customer Relations:	
Other:	
Acknowledgement of Position Description	
The signatures below indicate that the job duties as defined above are an awork performed by this position.	accurate reflection of the
Supervisor's/Manager's Signature (required):	Date:
Appointing Authority's Name and Title:	
Appointing Authority's Signature (required):	Date:
As the incumbent in this position, I have received a copy of this posit	ion description.
Employee's Signature:	Date:

For Human Resource/Payroll Office Use Only

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Position de	tails and rel	lated action	on have	been taken	by Humar	n Res	ources as ref	lected belo	W.		
Approved (Class Title:										
Class Code:					Salary Range:						
Effective Date:					Pay Scale Type:						
Job Analysis on File? Yes											
Position Type (Employee Group):					EEO Category:						
Employee	Sub-Group:			Pos	Position Retirement Eligible: Yes No						
Position is:		Fund	ded	Nor	-Funded						
Workers Co	omp. Code:			Cou	inty Code:						
Business A	rea:			Per	sonnel Are	ea (FE	ΞIN):				
Position Eli	igible for Te	lework:	Yes	No							
Position Eli	igible for Fle	extime:	Yes	No							
Position Eli	igible for Co	mpresse	d Workv	veek:	Yes		No				
-	cility Identific nformation s	, ,	Search F	- eature							
Bona Fide	Occupation	al Qualific	cation:		Yes		No				
If Yes, list of	qualification	s:									
Cost Cent	er Codes										
COST CENTER	PCT. (%)	FUND		JNCTIONAL REA	COST OBJEC	т	AFRS PROJECT	AFRS ALLOCA	ATION		
HR Design	ee's Name:										
HR Design	ee's Title:										
HR Designee's Signature:							Date:				
Budget Des	signee's Na	me:									
Budget Des	signee's Titl	e:									
Budget Designee's Signature:							Date:				