WESTERN NEVADA COLLEGE

Administrative Faculty Position Description Form

**Instructions:**

Each position should have an accurate and up-to-date job description on file. This form will assist you in describing your position, duties, responsibilities and the knowledge, skills, abilities and performance attributes necessary to perform the duties associated with your position. Clear and concise information must be included for each duty listed. Organize your duties so similar job functions are grouped together. The duties should be listed in logical sequence, most complex to least complex. Statements included in the position description are intended to reflect in general the duties and responsibilities and are not to be interpreted as being all-inclusive. The position description must include all the sections listed below. **Please be sure to attach a copy of your department’s organizational chart to the position description. Supervisor: Please make one copy for yourself and one for the employee and submit the original to Human Resources.**

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| --- | --- | --- | --- |
| Name: |  | Date: |  |
| Title: |  |
| Department: |  |
| Supervisor Name and Title: |  |
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| 1. **Summary Statement**: State the major function(s) of your position and its role in the college.
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| 1. **Major Responsibilities**: List your major responsibilities, indicating the percentage of time devoted to each. Provide enough detail to enable a person outside the department to understand this job.
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| 1. **Decisions and Judgments:** Describe how the decisions and judgments made by this position and the results of work performed impact the department, division and/or the College as a whole.
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| 1. **Knowledge, Skills and Abilities:** Describe the knowledge, skills and abilities essential to successful performance of this job.
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| 1. **Personal Contact:** Describe the type of personal contacts encountered in performing the duties of this job. Explain the nature and purpose of these contacts, i.e. to provide service, to resolve problems, to negotiate
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Employee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vice President’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_