

ONONDAGA COUNTY DEPARTMENT OF PERSONNEL
New Position Duties Statement
Instructions

The appointing authority requesting the creation of a new position must prepare a separate description for each new position to be created. One duties statement may describe two (2) or more identical positions in the same organizational unit. The appointing authority must complete this form according to the following format:

TYPICAL WORK ACTIVITIES: Present a list of typical activities and percentage of time spent in performance thereof by incumbent(s). List those activities characteristic of the job as a whole which are related to successful job performance. This list is not intended to include all duties performed, but the list must state the primary duties in descending order of importance. Avoid generalities, and explain each duty so that it has meaning for a person unfamiliar with the position. Indicate a duty on the list if it's a principal reason for the existence of a job; if it requires a substantial portion of the worker's day or week; if the duty results in harm or damage if not done properly; or, if not done or done improperly, then subsequent duties cannot or will not be done.

FULL PERFORMANCE KNOWLEDGES, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS: Specify the knowledges, skills, abilities and personal characteristics necessary for proper discharge of the duties of the job. These knowledges, skills, abilities and personal characteristics must be devised to allow the reader to clearly understand that the knowledges, skills, and abilities and personal characteristics are related to the job. Knowledge is an organized body of information a person possesses through education, training, or experience. Skill is a learned psyche-motor activity involving physical performance of a task with ease and precision. Ability is the present power to perform a physical or mental function. Personal characteristics are non-learned individual attributes required for job performance. These knowledges, skills, abilities, and personal characteristics are required for full performance following any training customarily provided new employees.

Knowledges should be expressed in varying degrees: "Working" means familiarity only with the elementary principles, practices, and terminology of the subjects indicated; "good" means enough knowledge to work effectively in normal work situations; "thorough" means an advanced grasp of subject matter to work effectively in unusual as well as common and place work problems, advising on technical matters, and planning methods to resolve difficult work situations; "comprehensive" means almost complete mastery of the subject and is used for especially advance positions.

MINIMUM QUALIFICATIONS: Minimum qualifications must establish the lowest level of acceptable training or experience. The qualifications must be such that it would be reasonable to expect people with less training or experience not be able to perform or learn to perform the duties of the position. Do not recommend qualifications that present artificial barriers to employment; both educational and experiential.

SPECIAL REQUIREMENT(S): Stipulate what licenses or certificates, if any, are required at the time of appointment.

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3. Minimum Qualifications

4. Special Requirements (s)

5. Name (s) and Title (s) of Supervisor (s). Type of Supervision (Admin, General, Direct)

6. Name (s) and Title (s) Supervised by this position. Type of Supervision (Admin, General, Direct)

7. Name (s) and Title (s) of persons performing similar work.

8. Certification by Appointing Authority: The above statements are accurate and complete

Date: _____ Title: _____ Signature _____

9. The Onondaga County Department of Personnel certifies the appropriate civil service title for the position described above as: _____

In accordance with Rule XVIII of the Onondaga County Rules for Classified Service, the Onondaga County Department of Personnel certifies the following minimum qualifications for the position described as:

NOTE: Appointees to this position must possess certified qualifications at time of appointment unless stated otherwise.

Date: _____ Title: _____ Signature _____

10. Legislative Action: ___ Approved ___ Disapproved

Date: _____ Title: _____ Signature _____