

DO NOT WRITE IN THIS SPACE

Title:

Salary Grade:

Position Number:



Department of Civil Service

CLASSIFICATION AND COMPENSATION DIVISION

STATE OF NEW YORK DEPARTMENT OF CIVIL SERVICE Albany, NY 12239

EXISTING POSITION DESCRIPTION

CC-3 (10/15)

This form is used by an employee to report currently assigned duties for study by the above division. It is not used to apply for a change in either the present title or salary grade.

Forward only the original copy to above division.

TO BE TYPED BY APPOINTING AUTHORITY

1. Incumbent		2. Status <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		3. Item No.	
4. Title Code	6. Classified Title		5. Salary Grade		7. Negotiating Unit
8. Duration of Position <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> For ___ Months			9. Jurisdictional Class <input type="checkbox"/> Competitive <input type="checkbox"/> Non-competitive		<input type="checkbox"/> Exempt <input type="checkbox"/> Labor
10. Department			11. Dept./Div. Code		12. Division, Bureau or Institution
13. Section, Unit or Other (Specify)		14. Work Address (Include Building and Room No.)			15. Location Code
16. Hours of Work Total Per Week: _____ Daily _____ A.M. P.M. To _____ A.M. P.M.					

TO BE TYPED BY OR FOR EMPLOYEE

17. DESCRIPTION OF ACTIVITIES AND TASKS:

Percent or Fraction of Time	List below the major activities involved in the position indicated above and the average amount of time you spend in each activity. Under each activity, describe in detail in short paragraphs or statements the individual tasks you must perform in completing the activity. Use as many additional sheets of paper as is necessary.
	1. ACTIVITY TASKS
	2. ACTIVITY TASKS
(If you need more space, attach additional sheets.)	

18. How long have your duties been substantially as stated in Question No. 17?

_____ Years _____ Months

COMPLETE ITEMS ON OTHER SIDE

19. Who is your immediate supervisor (person who assigns and reviews your work)?

Name: _____ Title: _____

20. Complete the information requested about other positions that you supervise. Attach an additional sheet with this same information if more space is needed.

TITLE	NAME OF INCUMBENT	NATURE OF SUPERVISION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

21. List the names and titles of persons doing substantially the same kind and level of work as you do.

TITLE	NAME OF INCUMBENT
_____	_____
_____	_____
_____	_____
_____	_____

22. ATTESTATION OF EMPLOYEE:
 I certify that my answers to Questions 17-21 are correct and complete to the best of my knowledge.

Date: _____ Signature: _____

TO BE COMPLETED BY IMMEDIATE SUPERVISOR (Attach additional sheets if necessary.)

23. Describe the kind and extent of supervision you exercise over this position.

24. Of the activities and tasks described in Question 17, list those that are critical to satisfactory performance of the job. Give your reasons (i.e., state what undesired outcome would result from inability to perform the task successfully).

Critical Activities/Tasks	Reasons

25. I certify that I have read the answers to the above questions and that they are in all respects correct and adequate except as otherwise stated or attached.

Date: _____ Title: _____ Signature: _____

TO BE COMPLETED BY DEPARTMENT HEAD OR HIS OR HER REPRESENTATIVE

26. I have examined the above entries and have no corrections, additions or comments except as otherwise stated or attached. I am satisfied to have the position classified on the basis of the information given.

Date: _____ Title: _____ Signature: _____