

# Oklahoma State University

## Position

The Position form is used to record the duties, responsibilities, qualifications sought and fiscal impact of classified and non-classified positions.

Employee Details	
Employee First Name	
Employee Last Name	
Employee ID Number	
Position Information	
Item Number	
Approved Position Title:	
Proposed Class Code/Title:	
Department	
Campus:	
Position Type:	Staff
Exceptional working conditions:	
Please list the job titles and number of employees supervised.	
Proposed Hiring Range:	
Payroll Type:	
<b>REQUIRED:</b>	
Describe any exposure to physical danger and/or environmental hazards:	
Describe any physical requirements: <i>(lifting and repetitive motions)</i>	Ability to lift and carry 20 pounds, stoop, reach, stand, walk, finger, grasp, feel, talk, hear, see, and perform repetitive motions with or without reasonable accommodations.
Degree:	

Field of Study:	
Experience:	
Certifications, Registrations, or Licenses Please list any certifications, registrations, or licenses <u>required</u> as a prerequisite of employment.	
Skills, Proficiencies and Knowledge Please list the skills, proficiencies and knowledge needed to perform the essential duties of the position.	
<b>PREFERRED:</b>	
Degree:	
Field of Study:	
Experience:	
Hiring Official Name:	
Faculty Appointment Length:	
Hiring Official Phone:	
Staff Appointment Length:	
Hiring Official Email:	
Search Committee:	
FTE:	1
Certifications, Registrations, or Licenses Please list any certifications, registrations, or licenses <u>preferred</u> as a prerequisite of employment.	
Position number:	
Skills, Proficiencies and Knowledge Please list the skills, proficiencies and knowledge preferred to perform the essential duties of the position.	
Eligibility for Benefits:	
Advertised Pay Range:	

Please indicate the race, sex, salary and date vacating for the person leaving this position:	
Start date:	
Appointment dates:	
End date:	
Job Summary:	
Department address:	
Immediate Supervisor:	
Supervisor's Telephone Number:	
Supervisor's Title:	
Compensation Analyst:	
Position Number of Supervisor:	
Background Check Type:	
If Other, please specify:	
Departmental users with permission to access position information (include all departmental HMs and contacts accessing this position)	
Department Preferences:	
Justification:	
Starting Pay	
I hereby certify that the recruitment effort followed University Equal Employment Opportunity Policy. Race, color, religion, sex, national origin, veteran status, or disability was not considered among the factors which led to the choice of the person selected to fill position. Records of all recruiting efforts (Applications, personal contracts, publicity, and telephone call records) will be kept for three years. Additionally, I affirm that adequate reference checks have been	

conducted regarding the professional qualifications and credentials of the applicant.

**Major Responsibilities**

Percent of Duty Total: **100**

**4** Records

% of Time	Responsibility / Duty

**Working Conditions**

No Records Found

**Additional Responsibilities**

No Records Found

**Education and Experience**

*Date*

*Signature of Supervisor*

*Date*

*Signature of Hiring Authority*

*Name and Class Title*