|  |  |  |  |
| --- | --- | --- | --- |
| **Action Requested:** | **New position \_\_\_ Revised position \_\_\_** | **Date completed:** |  |
| **Prepared by:** |  | **Phone:** |  |

*Note: Employees must be able to perform the essential functions of the job with or without reasonable accommodations. All individuals with disabilities are encouraged to seek reasonable accommodation.*

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| 1. **GENERAL POSITION INFORMATION:** | | |
| **CLASSIFICATION/JOB TITLE** |  | **CLASSIFICATION/JOB #** |
| **WORKING TITLE** *(IF OTHER THAN CLASS TITLE)* |  | **EMPLOYEE GROUP** |
| **POSITION NUMBER** |  | **FTE** |
| **EMPLOYEE NAME** |  | **DEPARTMENT NAME/ORG NUMBER** |
| **MISSION GROUP** |  | **SUPERVISOR & TITLE** |
| **MANAGER/DIRECTOR & TITLE** |  |  |

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| **2. POSITION SUMMARY:** *Provide descriptive statements which outline the purpose of the position.* |
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| **3. KEY RESPONSIBILITIES:** *Essential functions indicate those key responsibilities that meet one or more of the following descriptors: (1) the position exists to perform the function, (2) the number of employees available to perform the function is limited, (3) the function is so highly specialized that the person is hired for his/her expertise or ability to perform the function. The percentage of duties must equal 100%* | | |
| Key Responsibilities & Performance Standards | **% Of duties** | **Essential Function (Yes/No)** |
|  |  | Yes |
|  |  | Yes |
|  |  | Yes |
|  |  | Yes |
|  |  | Yes |
|  |  | Yes |
|  |  | Yes |
|  |  | Yes |

**4. SUPERVISORY RESPONSIBILITIES:**

|  |  |  |
| --- | --- | --- |
|  | Direct | Indirect |
| Number of employees this position supervises: |  |  |
| Job titles of employees supervised: | | |

1. **FISCAL RESPONSIBILITIES:** Select the item below that most closely matches the level of supervisory and fiscal responsibility:

|  |  |
| --- | --- |
|  | Monitors expenditures against departmental budget; prepares necessary documentation for supervisor review/approval; tabulates budgetary data, calculates figures, and checks for accuracy. |
|  | Analyzes departmental budgetary data, verifies figures, and develops budget proposals; recommends allocation of budgetary funds. |
|  | Has full responsibility for departmental planning, forecasting and final approval of budget. Indicate estimated budget amount: $ |
|  | None of the above. |

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| 1. **QUALIFICATIONS:**   **As part of the qualifications requirement, the following Core Competencies are expected of all OHSU employees regardless of their position within the organization.** | | |
| **Inclusion, Collaboration and Teamwork:** | **Every person matters.** We benefit from the rich variety of ideas, skills and perspectives that emerge when we work together. Our collaboration fuels innovation, better solutions to complex problems, and a sense of community. Cultivating a climate of inclusion and respect enables us to partner with those who can help OHSU achieve its vision**.** | |
| **Organizational Perspective:** | **We are all connected.** Whether our role is caring for patients, inspiring students, advancing scientific knowledge, or supporting those endeavors, each person’s work impacts another’s. When we understand how our actions and decisions affect the whole, we can better align the needs of our workgroup with the best interests of OHSU. We have a common purpose that guides what we do and why. | |
| **Performance Results:** | **We work hard to make great things happen.** We hold ourselves and our colleagues to high standards of performance that are focused on results. We pursue excellence by giving and receiving feedback openly and directly. We continually seek to improve ourselves and our work by setting goals, measuring outcomes and developing our knowledge and skills. We exceed expectations in pursuit of our vision. | |
| **Personal Effectiveness**: | **We are strong in character.** As individuals, we value integrity and inspire trust. We meet obstacles with calm resolve, and can adapt quickly to change. We continue to move forward, even when the way is unclear. Each of us aspires to be our best self, accountable for the work we do and dedicated to the purpose of OHSU. | |

|  |  |  |
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| **Qualifications** | **Required** | **Preferred** |
| **Education:** |  |  |
| **Experience:** |  |  |
| **Job Related Knowledge, Skills and Abilities (Competencies):** |  |  |
| **Registrations, Certifications and/or Licenses:** |  |  |
| **Compliance:** | - Code of conduct  - Respect in the workplace  - Applicable policies, procedures and agreements related to position, department or OHSU as a whole |  |
|  | | |
| **7. WORKING CONDITIONS:** *This may include such items as work schedule, work location, travel and environmental exposures such as noise, human tissues/fluids or radiation.* | | |
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| **8. PHYSICAL DEMANDS & EQUIPMENT USAGE:** *This describes the physical requirements necessary to perform the essential functions of this position. Example: Ability to carry and lift up to 50 pounds. Ability to stand for four continuous hours a day.* | | |
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| **9. SIGNATURES/APPROVALS:**  **My signature denotes that this position description is an accurate and correct statement of the essential functions, responsibilities and requirements assigned to this position.** | | | |
|  | **Type Name** | **Signature** | **Date** |
| **EMPLOYEE** |  |  |  |
|  | | | |
| **MANAGER/SUPERVISOR** |  |  |  |

***Please attach a current organizational chart if available.***

**If making significant changes to the Position Description, please forward an electronic copy to HR Compensation for review. Otherwise, forward electronic copy to HR Records and retain the signed copy at the department level.**