Print Form

UNIVERSITY OF SOUTH ALABAMA
USA HEALTHCARE MANAGEMENT LLC
UNIV OF SOUTH AL HEALTH CARE AUTHORITY
INSTRUCTIONS FOR COMPLETING JOB DESCRIPTION FORM

The Job Description is used to define essential functions and other related duties assigned to a position and to determine the proper classification of a position. Please provide complete information requested on the attached Job Description for the job you are submitting for review.

Describe the essential functions and other duties of the job. Review the Job Description for completeness and accuracy, retain a copy of the form for your files, and forward through administrative channels to Human Resources.

The following explanations will help you understand the information requested.

Requested Action - Check reason for submitting Job Description.

Division - Division to which position is assigned. (Example: Academic Affairs, USAUH)

Department - Department Name.

FOAPAL - FOAPAL from which position is funded.

BPN (Budget Position Number) - The currently assigned budget position number. (Leave blank if new position.)

Class Code - Current four digit class code. (Leave blank if new position.)

Present Job Title - Title of existing position. (Leave blank if new position.)

Proposed Job Title - Recommended title of new position or reclassification. (If unsure of Proposed Job Title leave blank.)

Job Purpose - Brief statement of the primary function and responsibility of the position.

Essential Job Functions - The duties and responsibilities assigned to the position which must be performed with or without accomodation.

Other Duties and Responsibilities - Related duties which may possibly be assigned to other positions.

Minimum Training and Experience Requirements - Any additional licensure, registry, certification, typing skills or other requirements necessary to perform the essential functions of the position.

Equipment, Tools, or Machines Operated - Equipment, tools, or machines which are utilized to perform the essential functions of the positions.

Supervised By - Name, title and phone number of the immediate supervisor of the position under review.

Classification(s) and Approximate Number of Workers Supervised - The classifications and number of employees in each classification directly supervised by the position under review.

Approved By - Job Description form must be processed through normal administrative channels and signed by designated individuals.

University of South Alabama
USA Healthcare Management LLC
Univ of South Al Health Care Authority

JOB DESCRIPTION
HUMAN RESOURCES

FOR HR USE ONLY

Approved Job Title: _____

Class Code: _____ Date _____

Requested Action:

- ☐ Initial Classification
- ☐ Reclassification
- ☐ Modification of Job Description
- ☐ Job Description Update - No Change

Division:

Department:

FOAPAL #:

BPN:

Class Code:

Present Job Title:

Proposed Job Title:

JOB PURPOSE:

ESSENTIAL JOB FUNCTIONS: (ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED)

OTHER DUTIES AND RESPONSIBILITIES:

MINIMUM TRAINING AND EXPERIENCE REQUIREMENTS:

NECESSARY SPECIAL REQUIREMENTS:

EQUIPMENT, TOOLS OR MACHINES OPERATED AND PERCENT OF TIME USED:

SUPERVISED BY:

TITLE:

PHONE #:

CLASSIFICATION(S) AND APPROXIMATE NUMBER OF WORKERS SUPERVISED:

APPROVED BY:

Immediate Supervisor	Date
Department Head	Date
Division Head	Date
Human Resources	Date

Clear Form