

MONTGOMERY COUNTY GOVERNMENT

**FY 16 SPECIAL STUDY REQUEST INFORMATION**

**The following section applies only to requests for special studies under Section 9-5. Special classification studies of the Personnel Regulations. For more information, please refer to the memorandum dated May 19, 2015 from OHR Director Shawn Y. Stokes. If your request is not for a Special Study, please proceed with completing the PD beginning with EMPLOYEE INFORMATION.**

Limited individual position classification studies for encumbered positions will be accepted for FY16. The Department or Office Director’s request for a special study must be the result of an extraordinary circumstance. Special classification studies should be forwarded by a memorandum explaining the reason the duties described in the revised position description could not be absorbed by other employees performing similarly graded duties and the specific extraordinary circumstance.

If the individual position study request is accepted by the OHR Director, OHR will make the arrangements for departments to seek the services of an outside classification contractor.

**THE COST OF THE STUDY WILL BE BORNE BY THE REQUESTING DEPARTMENT.**

By signing on the line below as the Department or Office Director, I understand that if an individual position classification study for **Position #\_\_\_\_\_\_\_\_\_\_\_** is accepted for my department, **all costs of the study will be paid for by my department.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Director’s Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**



MONTGOMERY COUNTY GOVERNMENT

**POSITION DESCRIPTION**

*The formatting of this form is designed for electronic use. It is not intended that responses be confined to the allocated space. If you are completing the form manually, please use addendum pages as required.*

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| **EMPLOYEE INFORMATION** |

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| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Grade (or Band): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Time in Current Position: \_\_\_\_\_\_\_ years  Department Division/Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Work Location/Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name and Title of Immediate Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Work Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Supervisor's Work Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **POSITION DESCRIPTION SUMMARY** |
| **Job Summary Statement**. Describe the primary purpose of your position in one or two sentences. Explain in general how and why your role has changed. |
| **Major Duties.** List the essential functions (major duties) of your position and the percentage of time spent performing each duty. Major duties are those that occupy most of your time and those that are most important to the organization.  % Duty |
| **Knowledge, Skills and Abilities.** List general knowledge requirements and/or special skills needed to perform the major duties of your position and indicate how a knowledge or skill is used. Include any license, certificates, etc. that you are required by law to possess as a condition of employment and any special equipment, tools or machinery required to perform the essential functions of the job. |
| **Recommendations.** In performing your major duties, what recommendations do you make (i.e., your opinion is solicited, but you do not have final authority)? To whom? Please give examples. |
| **Decision Making Authority.** In performing your major duties, what final decisions do you make? Please provide examples. |
| **Guidelines.** What policies, laws, regulations, rules, standards, procedures, or trade practices do you refer to or follow in performing your work? |
| **Complexity.** Indicate briefly what makes your job difficult or complex and why. Give examples of problems you must regularly resolve, challenges you encounter, what kinds of questions or problems you refer to your supervisor, and the type of information you must consider or the kind of analysis that you must conduct to make decisions. |
| **Contacts.** With whom, or with what organizations, do you have regular job-related contacts? Include the purpose and frequency of each contact.  Inside County Government How Often  Titles of persons and/or Name of organization Purpose (Daily, weekly, etc.)  Outside County Government How Often  Titles of persons and/or Name of organization Purpose (Daily, weekly, etc.) |
| **Other**. If applicable indicate the type, purpose and percentage of time that the following applies to you.  I provide direct, hands-on care or one-to-one assistance to the public. Please identify recipients of such assistance and the nature of service/assistance provided.  I work in an environment that is not a typical office setting.  I am exposed to hazardous conditions requiring use of special equipment and/or adherence to special precautions.  I have a work assignment that places other than ordinary physical demands on me. |
| **ORGANIZATION CHART** |

Using the chart below, fill in the job title for the following positions: **1)** Your immediate supervisor; 2**)** Your position and any other positions reporting directly to the same supervisor; **3)** Any positions that you directly supervise. If this form is insufficient, please prepare and attach your own organization chart.

**1)**

**2)**

**3)**

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| **SUPERVISION** |

**Supervision Exercised.** This Section pertains only to those employees who regularly supervise the work of two or more full-time (or equivalent) regularly assigned workers, paid or volunteer.

Indicate number of workers supervised, list titles and grades. Describe the extent of supervisory responsibility (i.e., assigning and reviewing work, coordinating work efforts, work planning and control, and personnel authority for selection, assignment, performance appraisal, reward, discipline, removal, etc.).

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| **CERTIFICATION** |
| **Employee Certification.** I certify the information contained herein is accurate and complete.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_  Employee Signature Date | |
| **Supervisor Certification.**  I concur with the employee responses.  I concur with the employee responses with the following additions or exceptions:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_  Supervisor's Signature Date | |
| **Division Chief Certification.**  I concur with the employee responses.  I concur with the employee responses with the following additions or exceptions:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_  Division Chief Signature Date | |
| **Department Director Certification.** Please state any additions or exceptions to the employee and/or supervisor responses. **If the employee is requesting a reclassification, include a statement indicating the origin of the new and/or higher level duties, as well as why the employee has been assigned those duties.**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_  Department Director Signature Date | |

Revised May 2013