**MONTGOMERY COUNTY GOVERNMENT POSITION DESCRIPTION**

**OVERVIEW: The Position Description (PD) form is used to document information necessary to appropriately classify positions in combination with the County’s occupational class specifications, which are identified in the** [**Classification Plan**](https://www2.montgomerycountymd.gov/OHRClassification/jobclass.aspx).

**COMMON USES OF THE PD FORM:**

* **Individual Position Study Review (June Box Study)** – to analyze an employee occupied position for a possible reclassification as part of an annual classification review process. A reclassification is a reassignment of a position from one occupational class to another due to significant changes in the type of work, difficulty and complexity of duties, level of responsibility, and/or required knowledge, skills, and abilities.
* **Special Study (Special Individual Study)** – to analyze an employee occupied position for a possible reclassification outside of the annual classification review process due to extenuating circumstances.
* **New Position Creation** – to classify a new position, which is established through the annual budget approval process or mid-year due to increases in services, new mandates, strategic initiatives, etc.
* **Reclassification of a Vacant Position** – to reclassify a vacant position in support of operational needs. A reclassification is a reassignment of a position from one occupational class to another due to significant changes in the type of work, difficulty and complexity of duties, level of responsibility, and/or required knowledge, skills, and abilities.

.

**REQUEST PROCESS AND ACCESS TO FURTHER INFORMATION:**

**Individual Position Classification Study (June Box Study)**To request an Individual Position Classification Study (June Box Study) during the annual review process, please visit the  
[June Box SharePoint](https://mcgov.sharepoint.com/teams/apps/OHRJuneBox) site for important guidelines and information prior to completing the PD form.

**Special Study (Special Individual Study)**

To request a Special Individual Study outside of the annual June Box Study review process, please forward a request along with supporting materials explaining the extenuating circumstances to the Director of OHR and copy the [OHR, Classification Mailbox](mailto:OHR,%20Classification%20%3cClassification.OHR@montgomerycountymd.gov%3e) prior to completing the PD form.

**New Position Creation**To request a New Position Creation, please forward the signed PD form along with an email and OMB approval (i.e. justification memorandum from the Department Director with authorization from OMB, approval of line items or budgeted positions, Position Exemption Request, etc.) to the [OHR, Classification Mailbox](mailto:OHR,%20Classification%20%3cClassification.OHR@montgomerycountymd.gov%3e). OMB approval is required for all new position creations.For further information, please see the [OHR and OMB Position Transaction Requirements](https://mcgov.sharepoint.com/erp/HRLiaisonDocs/OHR%20and%20OMB%20Position%20Transaction%20Requirements.pdf) reference document.

**Reclassification of a Vacant Position**To request a Reclassification of a Vacant Position, please forward the signed PD form along with an email and any documents supporting the request to the [OHR, Classification Mailbox](mailto:OHR,%20Classification%20%3cClassification.OHR@montgomerycountymd.gov%3e). If OMB approval is required, please attach the approval document (i.e. justification memorandum from the Department Director with authorization from OMB, Position Exemption Request, etc.) OMB approval is required when a position is reclassified five grades or higher, is MLS or going to MLS, a grade 27 or higher, going from non-supervisory position to a supervisory position, etc. The majority of request for reclassifications require OMB approval. For a complete list of position transactions requiring OMB approval, please see the [OHR and OMB Position Transaction Requirements](https://mcgov.sharepoint.com/erp/HRLiaisonDocs/OHR%20and%20OMB%20Position%20Transaction%20Requirements.pdf) reference document.

**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.* | | | |
| **REQUEST INFORMATION** | | | |
| **Date:** Click or tap to enter a date. |  | | |
| **Nature of Request:** | **Documenting PD (**For the Record) | **Reclassification**  Individual Position Classification Study  (June Box Study) | **Reclassification**  Special Classification Study |
| **New Position  Creation** | **Reclassification  of a Vacant  Position** | [For a New Position Creation or Reclassification of a Vacant Position, attach OMB approval, if required](https://mcgov.sharepoint.com/erp/HRLiaisonDocs/OHR%20and%20OMB%20Position%20Transaction%20Requirements.pdf). |
| **Request Initiator:** | **Employee** | | **Department** |
| **DEPARTMENT/EMPLOYEE DATA** | | | |
|  | | | |
| |  |  |  |  | | --- | --- | --- | --- | | **Department** |  | | | | **Division/Unit** |  | | | | **Employee Name** |  | | | | **Employee ID#** |  | | | | **Employee Time in Current Position** | **Years**  **Months** | | | | **Employee Work Location/Address** |  | | | | **Employee Work Telephone # & Email** |  | **Email** |  | | **Supervisor’s Name and Class Title** |  | | | | **Supervisor’s Work Telephone # & Email** |  | **Email** |  | | | | |
|  | | | |
| |  | | --- | | **POSITION DATA** | | |  |  | | --- | --- | |  | | | **(To be Verified by OHR)** | | | **Position #:** | | | **CURRENT** | **PROPOSED (If Applicable and/or Known)** | | **Current Classification Title/Grade:** | [**Proposed Classification Title/Grade**](https://www2.montgomerycountymd.gov/OHRClassification/jobclass.aspx)**:** | | **Position Full Time Equivalent (FTE):  1.0 FTE  0.75 FTE  0.5 FTE  Other FTE:** | **Position Full Time Equivalent (FTE):  1.0 FTE  0.75 FTE  0.5 FTE  Other FTE:** | | **Essential/Non-Essential Status:**  **Essential  Non-Essential** | **Essential/Non-Essential Status:**  **Essential  Non-Essential** | | **Background Check Requirement:**  **Required  Not Required** | **Background Check Requirement:**  **Required  Not Required** | | [**Bargaining/Non-Bargaining Unit Status**](https://www.montgomerycountymd.gov/HR/Resources/Files/Labor/County%20Bargaining%20Law.pdf)**:**  **Non-Bargaining  OPT  SLT  IAFF  FOP** | [**Bargaining/Non-Bargaining Unit Status**](https://www.montgomerycountymd.gov/HR/Resources/Files/Labor/County%20Bargaining%20Law.pdf)**:** | | **Non-Bargaining  OPT  SLT  IAFF  FOP** | | [**Financial Disclosure Requirement**](https://www.montgomerycountymd.gov/Ethics/Resources/Files/pdfs/Public%20Ethics%20Law%2011_19_18.pdf)**:   Required  Not Required** | [**Financial Disclosure Requirement**](https://www.montgomerycountymd.gov/Ethics/Resources/Files/pdfs/Public%20Ethics%20Law%2011_19_18.pdf)**:   Required  Not Required** | |  | | | | | | |
|  | | | |

|  |
| --- |
| **REQUEST FOR RECLASSIFICATION (Regulatory Requirements)** |
| **Please complete this section ONLY if requesting a reclassification of an employee-occupied position (Individual Position Classification Study/June Box Study or Special Individual Study). If an employee-occupied/individual study does not apply, please skip to the  POSITION SUMMARY section and complete the remainder of this form through to and including the CERTIFICATION (signature) section.** |
|  |
| **Identify any factors that may have contributed to changes to the position and attach any relevant background information.** |
| |  |  | | --- | --- | |  | Reorganization approved by the Office of Management and Budget (OMB) and the Chief Administrative Officer (CAO) | |  | New Mandate/Changes in federal, state, or County law | |  | Consolidation of positions | |  | New or significantly expanded program or priority objectives reflected in the County’s Operating or Capital Budget and/or strategic plan | |  | Acquired assignment(s) resulting from temporary/emergency/unforeseen circumstances | |
| **Identify the duties that have changed since the position was last reviewed and attach the prior position description, if available.** |
|  |
| **If this position has assumed responsibilities from another position, please identify the other position/incumbent and explain why duties were assigned to this position.** |
|  |
| **If the classification review was due to acquired assignments resulting from temporary/emergency/unforeseen circumstances, please describe the related duties and the circumstances surrounding the temporary assignment.** |
|  |
| **Provide any additional information that either justifies the classification review request or assists with understanding the position or proposed class specification. (Optional)** |
|  |
|  |
| **POSITION SUMMARY** |
| Briefly describe the primary purpose of the position. Please indicate if the focus of the position is supervising or managing staff members. Specific questions pertaining to the titles of those supervised and the nature of the supervision are included later in the questionnaire. |
|  |
|  |
| **MAJOR DUTIES** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **% of Time** | | **PERIODIC EQUIVALENCIES** | | | |
| **Daily** | **Weekly** | **Monthly** | **Yearly (annually)** |
| 5% | | 30 minutes | 2 hours | 1 day | 2.5 weeks |
| 10% | | 1 hour | 4 hours | 2 days | 5 weeks |
| 20% | | 2 hours | 1 day | * 1. days | 2.5 months |
| * Document the current job duties. * Use descriptive terms that relate to the objectives or end-result of the job being performed, *not* the steps or tasks involved in performing the job duty or responsibility. * Each statement should be brief and concise, beginning with an action verb. Use a separate statement for each major duty or responsibility. * Duties or responsibilities that take less than 10% of the employee’s time should not be shown as a separate statement but grouped with other related duties. * Consideration should be given to breaking into smaller increments (10% or more) any duties or responsibilities that constitute 30% or more of the employee’s time. * Ensure that a task is not a restatement or overlap of any other statement. * Review the order of importance and percentage of time * Do not use ranges. The total percentage of all duties combined must equal 100%. | | | | | |
| **% of time** | **Description of major duty and supporting tasks** | | | | |
|  | **Major Duty:**  **Tasks Include:** | | | | |
|  | **Major Duty:**  **Tasks Include:** | | | | |
|  | **Major Duty:**  **Tasks Include:** | | | | |
|  | **Major Duty:**  **Tasks Include:** | | | | |
|  | **Major Duty:**  **Tasks Include:** | | | | |
| *Performs other job-related duties as assigned.* | | | | | |
| **100%** |  | | | | |

|  |
| --- |
| **EDUCATION AND WORK EXPERIENCE** |
| **EDUCATION:**  What is the minimum formal education required to perform the duties of the position satisfactorily? List the degree required, along with the appropriate major, if applicable.  *Examples:*   * A High School diploma or GED is required. * A Bachelor’s Degree with a major in Business Administration is required. |
|  |
| **EXPERIENCE:**  What is the minimum amount of related work experience required to perform the duties of the position satisfactorily? List the number of years required (in whole years) and describe the type of experience in the space below. If experience can be substituted for the education requirements, indicate the type and amount of experience that will substitute separately.  *Example:*   * Two years of clerical experience is required. Prior experience in medical office is preferred |
|  |
| REQUIRED LICENSURE OR CERTIFICATION |
| List any licenses, registrations, certificates or other credentials that are required to perform the work. (Desired credentials may be listed but indicate these as preferred vs. required qualifications.) |
| Required:  Preferred: |
| ORGANIZATIONAL CHART |
| Attach a current organizational chart that shows how this position fits into the unit. Org charts can be simple and handwritten if necessary, but must clearly show the hierarchy pertaining to the job:  * Reports to: class title/grade and name of the leader the job directly reports to * Peers reporting to the same leader: class title(s), grades and employee names (or count if large #) that are peer roles. * Direct reports: class title/grade and name (or count if large #) of all employees that report to the job. Indicate if the position is full-time, part-time, merit status, term or temporary employees. |

|  |
| --- |
| LEADERSHIP/SUPERVISORY RESPONSIBLITIES |
| Select the description that best fits the job being evaluated: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | No Supervisory responsibility | | | | |
|  | Work Leadership | * Provides guidance and leadership to employees for daily activities and assigned projects or tasks * Participates in evaluation of personnel performance (does not directly supervise) * May have project management responsibilities | | | |
|  | Supervisor over a section of a Division. | * Supervises employees who generally perform the same work or similar work/tasks * May occasionally do the work of those supervised * Provides input for budget preparation | | | |
|  | Manager over Supervisors of a small Division. |  | | | |
|  | Manager of one Division | * Provides first-line management to department * Allocates resources according to priorities and within budget parameters * Consults with Director on operational issues (including fiscal matters) | | | |
|  | Manager of more than one Division |  | | | |
|  | Division Director Chief | * Supervises managers of functional areas * Typically reports to a Director * Directs complex and varied work * Has major budget and expenditure authority * Develops and recommends policy for the department or program * Has full budget responsibilities for respective department(s) or program(s) * Recommends and authorizes policy implementation for the department or program | | | |
| **If the position supervises others, select the activities below that are part of the position’s supervisory responsibilities:** | | | | | |
|  | Recruits, screens, and interviews candidates | |  | Recommends candidates for hire | |
|  | Approves candidates for hire | |  | Assigns tasks or responsibilities to others | |
|  | Conducts training of others | |  | Monitors work performance | |
|  | Conducts performance appraisals | |  | Administers disciplinary action | |
|  | Recommends salary actions | |  | Approves salary actions | |
|  | Recommends termination of employees | |  | Approves termination of employees | |
| **List the Name, Position Number, and Class Title of Staff this Position Leads or Supervises** | | | **Appointment Type** | | **Hours Per Week** |
|  | | |  | |  |
|  | | |  | |  |
|  | | |  | |  |
|  | | |  | |  |
|  | | |  | |  |
|  | | |  | |  |
|  | | |  | |  |
|  | | |  | |  |
|  | | |  | |  |
|  | | |  | |  |
|  | | | | | |
| **INDEPENDENT JUDGMENT/PROBLEM SOLVING** | | | | | |
| **Is this position required to check with someone else for approval or direction? If incumbered, provide supporting examples from the last 6 months)** | | | | | |
|  | | | | | |
| **What policies, procedures, or guidelines apply for the position, and how do they guide the work?** | | | | | |
|  | | | | | |
| **What kinds of problems does this position independently resolve? (If incumbered, provide examples of problems the incumbent has independently resolved from the last 6 months.)** | | | | | |
|  | | | | | |
| **Give examples of types of decisions the position can make without supervisor approval.** | | | | | |
|  | | | | | |
| **Describe the extent of the authority of this position and provide examples.** | | | | | |
|  | | | | | |
| **Select the description that best fits the position being evaluated:** | | | | | |
|  | Performs tasks and duties under direct supervision, using well-defined policies and procedures. Work is reviewed by supervisor. Limited opportunity exists for exercising independent judgment and decision making. Refers most problems to supervisor. | | | | |
|  | Performs tasks and duties under general supervision, using established procedures and innovation. Chooses from limited alternatives to resolve problems. Occasionally independent judgment is required to complete work assignments. Often makes recommendations to work procedures, policies, and practices. Refers unusual problems to supervisor. | | | | |
|  | Performs duties within the scope of general County policies, procedures, and objectives. Analyzes problems and performs needs assessments. Uses judgment in adapting broad guidelines to achieve desired result. Regular exercise of independent judgment within accepted practices. Makes recommendations that affect policies, procedures, and practices. Refers exceptions to policy and procedures to the supervisor. | | | | |
|  | Develops objectives and general policies and procedures for a specific program or functional area of responsibility within general scope of established operational goals and plans. Day-to-day work and decisions do not require direction or review by immediate supervisor. End results are reviewed by supervisor. Strategic issues are referred to supervisor. | | | | |
|  | Develops strategic direction, goals, plans**,** and policies for an area of responsibility. Sets broad objectives and is accountable for overall results in respective area of responsibility. Authority to make independent decisions on matters of significance. Requires high degree of independent judgment and problem solving of complex problems. | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **INTERNAL/EXTERNAL CONTACTS** | | | | |
| **Type of contact:** Select the description that best fits the position: | | | | |
|  | Little or no contact with others outside own workgroup. Primary purpose of contact is to provide and/or receive routine information or documents. | | | |
|  | Some contact with others outside own workgroup, general public, visitors, and/or other County employees. Primary purpose of contact is to provide or obtain explanation or interpretation of information. | | | |
|  | Regular contact with others outside own workgroup, general public, visitors, and/or other County employees. Primary purpose of contact is to explain, clarify, or interpret information. May handle confidential information and some complex matters. | | | |
|  | Regular and substantial contact with others outside own workgroup. Contacts usually involve discussions related to policies and programs and may include proposal or grant writing, negotiation with vendors, etc. Handles sensitive, complex, and/or confidential information. | | | |
|  | High-level contact with others across the County in key positions. Contact usually involves several areas within the County and/or with community, government, business leaders, media, and dignitaries. Typically handles highly sensitive and/or confidential information. | | | |
| **Nature of contact:** Select the description that best fits the position: | | | | |
|  | Receives/provides routine information; common courtesy and ordinary tact. | | | |
|  | Explains or interprets guidelines or instructions or elicit opinions; moderate tact and cooperation required. | | | |
|  | Provides detailed and somewhat complex/sensitive information; contacts are non-routine and require discretion and thoughtful communication efforts. | | | |
|  | Exchange of highly complex information; substantial sensitivity, discretion and cooperation required; usually follow-up action is needed. | | | |
|  | Solves problems through discussion or persuasion; issues may have substantial impact on the County or be controversial, which requires high level of tact and sensitivity. | | | |
| **If contact with others is a routine function of this position, list and explain the contacts for this position both inside and outside the County. (Do not include contacts with the immediate supervisor, co-workers or subordinates of the job being evaluated.)** | | | | |
| **Persons or organization** | | **Purpose** | **Frequency** | **Internal / External** |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
|  | |  |  |  |
|  | | | | |
| **WORK COMPLEXITY** | | | | |
| **Select the description that most closely matches the level of variety, difficulty and magnitude of the tasks and responsibilities in the job.** | | | | |
|  | Tasks are highly interrelated and simple. Work consists of standard procedures and tasks. | | | |
|  | Tasks are multiple and focus more on single processes. Work is sometimes standardized and sometimes varied. | | | |
|  | Tasks are multiple and diverse with some interrelationship across processes. Work requires the direct application of a variety of procedures, policies, and/or precedents. | | | |
|  | Tasks and responsibilities require integration of diverse functional areas and involve variables that are more abstract. Work is substantially complex and varied, and requires the interpretation of technical and detailed guidelines, policies, and procedures in combination. | | | |
| **Provide an example of work complexity:** | | | | |
|  | | | | |
| **Describe the nature and variety of the job’s most complex, yet typical, work process or responsibility.** | | | | |
|  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **MAGNITUDE OF IMPACT** | | | | |
| **Select the description that best fits the position, and provide a specific example:** | | | | |
|  | Very limited; only on immediate group. | | | |
|  | Limited; impact on single department or program. | | | |
|  | Moderate; impact on more than one department or program. | | | |
|  | Substantial; impact on a major division or broad range of departments or programs. | | | |
|  | Significant; impact more than one division or unit and/or entire County. | | | |
| **Briefly describe examples of the typical and key decisions made by the position that have impact within the immediate department, outside the department, and outside the County (if applicable) and describe the consequence of error.** | | | | |
|  | | | | |
|  | | | | |
| **FISCAL RESPONSIBILITY** | | | | |
| **Does this position …** | | | **Yes** | **No** |
| Have responsibility for a budget? | | |  |  |
| Negotiate contracts? | | |  |  |
| Manage grants/contracts? | | |  |  |
| Reconcile accounts? | | |  |  |
| Manage service or auxiliary operations? | | |  |  |
| **Describe the budget or fiscal authority and accountability of the position, including responsibility for generating and collecting revenue, approving expenditures and reconciling accounts. Describe the size of the budget, extent of signature authority and involvement in the budget process.**  ***Example*: this position is responsible for the budget for the Department of Human Resources Services within the Division of Administrative Services. The budget is approximately $500,000 which includes operating temporary staffing services for the County which generates $20,000 in “revolving” funds annually.** | | | | |
|  | | | | |
| **Select the category below which best corresponds with the highest level of fiscal responsibility exercised by this position.** | | | | |
|  | | Supports   * Tracks expenditures for an organizational level. * Has no decision making or spending authority * Some budgetary proficiency required to advise on revenues, expenses, and budgetary status and processes. | | |
|  | | Recommends   * Makes recommendations on budgetary decisions * May have authority to approve expense items. * May recommend on revenue-generating activities. | | |
|  | | Controls   * Responsible for the budget for an organizational level of the County. * Accountable for all expenses within an organizational unit of the County. * Final decision-making authority on all revenues and expenses. | | |
| List the amount of budget under the control of this position: $ | | | | |
| **ORGANIZATIONAL CHART** | | | | |
| **REMINDER**: Attach an organizational chart showing who the position reports to, peer positions that report to the same manager, and all direct reports to the position (if applicable) including the classification titles and grades. | | | | |

|  |  |
| --- | --- |
| **CERTIFICATION** | |
| **Employee** - for incumbered positions | |
| This is an accurate description of the major duties and responsibilities of my position:  Employee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_     (Keep a copy for your records) | |
| **Supervisor –** Attach an organizational chart | |
| **I certify that this is an accurate statement of the major duties and responsibilities of the position and its organizational relationships and that the position is necessary to carry out County functions for which I am responsible.** | **I do not concur with the statement of major duties as outlined by the employee. I have attached my comments to reflect my understanding of the position as it currently exists.** |
| Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Yes, organizational chart attached. (Keep a copy for your records) | |
| **Division Chief** | |
| **I certify that this is an accurate statement of the major duties and responsibilities of the position and its organizational relationships and that the position is necessary to carry out County functions for which I am responsible.** | **I do not concur with the statement of major duties as outlined by the employee. I have attached my comments to reflect my understanding of the position as it currently exists.** |
| Division Chief’s Signature (required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Department Head/Director** | |
| **I certify that this is an accurate statement of the major duties and responsibilities of the position and its organizational relationships and that the position is necessary to carry out County functions for which I am responsible.** | **I do not concur with the statement of major duties as outlined by the employee. I have attached my comments to reflect my understanding of the position as it currently exists.** |
| Department Head/Director’s Signature (required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | |