



POSITION DESCRIPTION APPROVAL FORM

DOE OHR 200-001

Last Revised: 01/01/2011

Former DOE Form(s): DOE PD-1

DEPARTMENT OF EDUCATION

Office of Human Resources

Classification & Compensation Section

P.O. Box 2360 Honolulu, HI 96804

Please reference the Position Description Approval Form - Instructions (DOE OHR 200-001Ins) for additional information.

I. GENERAL INFORMATION

Position Number: _____ Title: _____ Salary Range: _____

State Office/Complex Area: _____ Branch: _____

Section/Unit: _____ Location/School: _____

FOR OHR USE ONLY - Classification & Compensation Section

Class Title: _____ Salary Range: _____ BU Code: _____

Approval Authority Name: _____ Title: _____

Approval Authority Signature: _____ Effective Date: _____

MM/DD/YYYY

II. INTRODUCTION

Function of Organization (Describe the focus and function of your organizational unit):

Purpose of Position (Brief description of the job; Describe the purpose of the position, including how the position's function fits into the function of the larger organizational unit):

III. MAJOR DUTIES, RESPONSIBILITIES AND ESSENTIAL FUNCTIONS (Attach separate sheet if necessary)

Describe duties, responsibilities and essential functions as indicated on page 2 of the PD Guide instructions.	% of time	* E
1.		
2.		
3.		
4.		
5.		
6.		
Performs other related duties as assigned.	5%	

Check here if separate sheet attached.

*** E = Essential Function**

IV. QUALIFICATIONS (Education, experience, licenses, or certificates required to perform the essential functions of the position, as well as those that may be preferred)

Education:

Experience:

License/Certificate:

V. COMPETENCIES (Knowledge, skills and abilities to perform the essential functions of the position)

Knowledge:

Skills/Abilities:

VI. PHYSICAL REQUIREMENTS

Describe any physical requirements for this position:

VII. ENVIRONMENTAL CONDITIONS

Describe any adverse conditions (e.g. hazards, heat, light, cold, noise, fumes, dust, etc.):

VIII. SUPERVISION RECEIVED AND EXERCISED (Attach separate sheet if necessary)

Supervisor Title: _____ Section: _____

Supervises the following unit or positions (position numbers and titles):

IX. EMPLOYEE CERTIFICATION

I have reviewed the duties and responsibilities assigned to this position.

Employee Signature: _____ Date: _____
MM/DD/YYYY

X. SUPERVISOR CERTIFICATION

I certify that the above is a complete and accurate description of the duties and responsibilities of this position.

Supervisor Signature: _____ Date: _____
MM/DD/YYYY

Complex Area Superintendent/
Assistant Superintendent/
Superintendent Signature: _____ Date: _____

MM/DD/YYYY

XI. ORGANIZATION CHART (Attach the most recent official organization chart that shows this position. This does not apply to school level positions.)