POSITION DESCRIPTION FORM (PD-OSS-93) STATE OF NORTH CAROLINA OFFICE SUPPORT SERVICES OCCUPATIONAL GROUP **PD-OSS-93**	Approved Classification:_____ Effective Date:_____ Analyst: _____ (This space for Human Resources use only)	
1. Present Classification Title of Position	7. Present BEACON Pos #	Proposed BEACON Pos #
2. Working Title of Proposed Position	8. Department, University, Commission or Agency **NC Dept of Administration**	
3. Requested Classification Title of Position	9. Division	
4. Name of Immediate Supervisor	10. Section and Unit	
5. Supervisor's Classification Title & Position Number	11. Street Address, City and County	
6. Name of Employee	12. Location of Workplace, Bldg. & Room No.	

Certification: Signatures indicate agreement with all information provided, including designation of essential functions.

Supervisor's Certification: I certify that (a) I am the *immediate Supervisor* of this position, that (b) I have provided a complete and accurate description of responsibilities and duties and 8 I have verified (and reconciled as needed) its accuracy and completeness with the employee.

Signature: _____Title:_____Date:_____

Employee's Certification: I certify that I have reviewed this position description, completed by the above named immediate supervisor, is compete and accurate.

Signature: _____Title:_____Date:_____

Section or Division Manager's Certification: I certify that this position description, completed by the above named immediate supervisor, is complete and accurate.

Signature: _____Title:_____Date:_____

SECTION I: GENERAL INFORMATION

A. Primary Purpose of Organizational Unit:

B. Major Purpose of Position:

C. Duties Performed for Other Individuals:

D. Requirements for Adjustments to Change:

E. Changes in Responsibilities or Organizational Structure:

SECTION II: DUTIES AND RESPONSIBILITIES

A. **Public Contact**

B. **Records & Reports**

C. **Files**

D. **Composition**

E. **Office Machine Operation**

F. **Mail**

G. **Supervision Exercised**

H. **Other**

SECTION III: PERCENTAGES OF TIME BY FUNCTIONAL AREA

Functional Area	Percentage Based on all Functions	Rank of Importance
Public Contact		
Records and Reports		
Files		
Composition		
Office Equip Operation		
Mail		
Supervision Exercised		
Other		

SECTION IV: ADDITIONAL CONSIDERATIONS

A. Supervision Received:

B. Resources and Guidelines Available:

SECTION V: QUALIFICATIONS REQUIRED

A. Knowledge, Skills and Abilities:

B. Minimum Education and Experience:

C. Length of on-the-job training required to perform the duties: