[ ]  **OHR COPY**

[ ]  **AGENCY COPY**

[ ]  Delegated

[ ]  New Position

[ ]  Prototype

[ ]  State Title Changes

[ ]  Update

**GENERAL INFORMATION**

**STATE OF SOUTH CAROLINA POSITION DESCRIPTION**

Position Number

Agency Code

Agency Name

**OFFICE OF HUMAN RESOURCES**

Division / Section / Unit

City / County

Agency Code

Alphanumeric Code

Slot

Y/N

Employee Name

County Code

Is Position in Central Office ?

Authorized Date

Current State Title Alphanumeric Code

Slot

Band

Full / Part Time Indicator

Supervisor State Title Alphanumeric Code

Slot

Approved State Title

Hours Per Week

**SOURCE OF FUNDING**

**.**

Base Hours

State %

**.**

Federal %

**.**

Other %

Approval Signature

Date Approved

**REQUESTED ACTION INFORMATION**

**FLSA Designation**

Requested Action

Requested State Title Alphanumeric Code

Supervisor's Signature

Date

Other Required Signature

Date

**THE FOLLOWING SECTION OF THE POSITION DESCRIPTION IS TO BE COMPLETED BY THE SUPERVISOR**

**1. What are the minimum requirements for the position (Minimum requirements must at least meet the state minimum requirements for classified classes but may include additional ghrequirements.)?**

**2. What knowledge, skills, and abilities are needed by an employee upon entry to this job including any special certification or license?**

**3. Describe the guidelines and supervision an employee receives to do this job, including the employee's independence and discretion.**

**MISCELLANEOUS DATA**

**4. Indicate additional comments regarding this position (e.g., work environment, physical requirements, overnight travel).**

Employee Number

Position Dept. Number

**STATE OF SOUTH CAROLINA POSITION DESCRIPTION**

**1. Job Purpose:**

**2. Job Functions:**

Essential/

Marginal

(E or M)

Percentage

of Time

**3. Position's Supervisory Responsibilities:**

*If this position includes supervisory responsibilities, please indicate the state title and number of positions of the three highest subordinates.*

**STATE TITLE**

**NUMBER**

(1)

(2)

(3)

**Number of employees**

**directly supervised:**

**Total number supervised:**

**4. Comments:**

**5. The above description is an accurate and complete description of this job.**

Employee's Signature

Date