

CONFIDENTIAL

LOS ANGELES UNIFIED SCHOOL DISTRICT



POSITION INFORMATION FORM FOR ALL CLASSIFIED & CERTIFICATED POSITIONS

PURPOSE:

This form is for documenting the duties and responsibilities assigned to the position subjected for evaluation.

INSTRUCTIONS:

1. The incumbent of the position being studied will need to read the following list of questions carefully and respond in the space provided. If there is more than one incumbent in the same classification requesting a study, then each will need to fill out a separate Position Information Form. The term “you” refers to the incumbent currently occupying the position, and if there is no incumbent then the direct supervisor should fill out this form answering the questions as they relate to expected duties and responsibilities. Please provide specific and concise responses to each question. If you need more room when you get to the end of a table, use the “tab” button to create additional cells.
 - For all positions, please fill out sections 1-17.
 - For all management positions, please fill out all sections of the form.
2. Once the Position Information Form has been completed, it should be sent to the immediate supervisor for review and signature. Even if there is no incumbent in the position (i.e., new classification), this form will need to be filled out.
3. The incumbent and all levels of management above this position must sign in Sections 7 and 8 of this form. Supervisors must fill out Section 9, Funding Source.
4. Once the form has been completed, please submit it to the appropriate office:

Certificated Positions

Please send this form via e-mail and a signed hard copy to Gary Y. Shirasago, Director, Human Resources Management and Support Services.

Mail: 333 South Beaudry, 14th Floor, Los Angeles, CA 90017

Fax: (213) 241-8418

E-mail: classcompcertificated@lausd.net

If you have any questions, please call the Classification and Compensation Unit in the Personnel Research and Analysis Section at (213) 241-6356.

Classified Positions

Please send a signed copy of this form to Ann Young-Havens, Interim Personnel Director.

Mail: Personnel Commission, 333 South Beaudry, 12th Floor, Los Angeles, CA 90017

Fax: (213) 241-6803

E-mail: perscomm@lausd.k12.ca.us

If you have any questions, please call the Personnel Commission at (213) 241-7800.

LOS ANGELES UNIFIED SCHOOL DISTRICT
POSITION INFORMATION FORM

POSITION TO BE STUDIED:

- CLASSIFIED
 CERTIFICATED

1. FROM

Division or Local District: _____

Branch: _____

Section or School: _____

Unit: _____

2. CURRENT TITLE OF POSITION TO BE STUDIED

Job Title _____ Job Code _____

Working Title (if applicable) _____

(Submit separate form for positions with different duties)

3. INCUMBENT(S)

Payroll Name _____ Personnel Number _____

Phone Number _____

How long have you been in this position? _____

4. LOCATION

Rm. _____ Bldg. _____ School or Site _____ Address _____

5. SUPERVISORS

	Title	Name	Telephone Number
a.	Immediate Supervisor	_____	_____
b.	General Supervisor	_____	_____

6. WORK PERIODS

Regular daily hours _____ A.M. To _____ P.M.

Days a year: _____

Assignment basis:

- 12 months 11 months 10 months 9 months Other

7. CERTIFICATION

I have read and certify that this position information, including attachments, is accurate and complete except as noted.

INCUMBENT'S SIGNATURE DATE

IMMEDIATE SUPERVISOR'S SIGNATURE DATE

NOTE:

Signature of an incumbent is not required for new or vacant position. If any party disagrees with the information on this form, s/he should attach a statement indicating disputed points.

8. APPROVALS

I have read and certify that this position information, including attachments, is accurate and complete. ***Signature verifies submission date.**

PRINT NAME OF BRANCH HEAD SIGNATURE DATE

*PRINT NAME OF DIVISION HEAD OR LOCAL DISTRICT SUPERINTENDENT SIGNATURE DATE

Date Submitted to Division Head or Local District Superintendent: _____

9. FUNDING SOURCE (For Supervisors Only):

- a) Funding Source: Fund _____ Functional Area _____ Cost Center _____ Commitment Item _____
- b) Funding source for additional cost, if any: Fund _____ Program _____ Cost Center _____ Commitment Item _____
- c) Position is: New Vacant Position No. _____
- d) How long has the position been in existence (to the best of your knowledge)? _____
- e) Grant funded? If yes, provide the pertinent terms and conditions of the grant (e.g. length of grant, recurring, etc.)

10. CLASSES DIRECTLY SUPERVISED BY THE POSITION

If your position is management, proceed to question #11.

This section will be covered in the Management section of the form.

Supervisory Duties Performed (check if yes):

- Selection & Hiring Decisions Performance Appraisals
 Reviewing Work Product Approving Time Sheet
 Approving Vacation Requests

Class Title	Number of Employees

11. WHAT ARE THE MAJOR FUNCTIONS OF THE UNIT OR OFFICE IN WHICH POSITION IS LOCATED?

12. WHAT IS THE REASON(S) FOR REQUESTING STUDY? (i.e., changes to the position)

- Requested by Personnel Commission Staff (Classified) Requested by Human Resources Staff (Certificated)

13. WHAT IS THE MAIN PURPOSE OF THE POSITION?

14. LIST ANY REQUIRED LICENSE, REGISTRATION, PERMIT, AND/OR CERTIFICATION NEEDED TO PERFORM THE DUTIES.

15. DESCRIBE THE TYPES OF PROBLEMS THAT ARE REFERRED TO SUPERVISORS.

16. DO YOU HAVE AN ORGANIZATIONAL CHART? YES NO

If yes, submit your organizational chart with the subject position(s) highlighted.

17. STATEMENT OF MAIN DUTIES

List and describe the duties of the position(s), including direct and functional supervisory duties, in order of their importance. In the column at the right, give your best estimate of the percentage of working time spent on the duty listed (total must equal 100%). Be sure to indicate machines or equipment operated. List licenses required as they relate to the duties performed. Attach additional pages as needed. Do not copy the class description. If requesting a reclassification, indicate with an asterisk (*) which duties are performed on an on-going basis which you believe to be outside the current classification.

DUTIES	% OF WORKING TIME (not less than 5%)
<i>Example:</i> <i>Writes reports related to policies, procedures, and organizational structure.</i>	30%
TOTAL	100%

* * NON-MANAGEMENT CLASSIFIED POSITIONS, STOP HERE * *

FOR MANAGEMENT POSITIONS ONLY

18. KNOWLEDGE, SKILLS, AND ABILITIES

List the knowledge, skills, abilities, and/or personal characteristics required to perform the duties assigned to your position. If you currently have a class description or duty statement, attach it to this form:

Knowledge: (The degree to which an employee has mastered a technical body of material directly involved in the performance of a job.)

Skills: (The capacity to perform tasks that generally require the use of tools, equipment, and machinery.)

Abilities: (The capacity to carry out physical and mental acts required by a job's tasks where the involvement of tools, equipment, and machinery is not a dominant factor.)

19. WHAT ARE THE MOST COMPLEX OR CHALLENGING PARTS OF THE JOB?

20. GIVE EXAMPLES OF TYPE OF PROBLEMS ENCOUNTERED ON THE JOB AND SOLUTIONS USED. HOW FREQUENT DO THESE PROBLEMS OCCUR?

21. PROVIDE INFORMATION ABOUT THE PROGRAM OR PROJECTS YOU ARE INVOLVED WITH:

PROGRAM/PROJECT NAME	YOUR ROLE	TYPE OF INVOLVEMENT	FREQUENCY OF INVOLVEMENT

22. DESCRIBE THE TYPE OF WORKING RELATIONSHIPS WITH INDIVIDUALS INSIDE OR OUTSIDE LAUSD THAT YOU TYPICALLY ENGAGE IN AS PART OF YOUR WORK.

CONTACT NAME	CONTACT TITLE	DEPT/ ORG.	FREQUENCY	REASON FOR CONTACT

23. DO YOU CONTRIBUTE TO THE BUDGETARY DECISIONS INVOLVING THE DIVISION/BRANCH/SECTION/UNIT YOU WORK IN? IF YES, EXPLAIN THE NATURE OF YOUR INVOLVEMENT AND PROVIDE EXAMPLES.

24. LIST THE JOB TITLES AND NUMBERS OF EMPLOYEES THAT YOU SUPERVISE.

DIRECTLY (Only positions that work for the District and those for whom you complete performance evaluations. The positions do not need to be occupied, but do need to be budgeted.)

Class Title	Name	No. of Employees Supervised in this class	
		Full time	Less than full-time

INDIRECTLY (Only positions that work for the District and are supervised by your subordinate managers. The positions do not need to be occupied, but do need to be budgeted.)

Class Title	Name	No. of Employees Supervised in this class	
		Full time	Less than full-time

NON-DISTRICT (Those to whom you provide work-direction, but are **NOT** District employees.)

Class Title	Name	No. of Employees Supervised in this class	
		Full time	Less than full-time

OTHERS (Those to whom you will provide consistent technical supervision, who work in the District, but do **NOT** report to you.)

Class Title	Name	No. of Employees Supervised in this class	
		Full time	Less than full-time

Thank you for completing the Position Information Form.