

**STATE OF NORTH CAROLINA**

**JUDICIAL BRANCH OF GOVERNMENT  
Administrative Office Of The Courts**

**OFFICIAL POSITION DESCRIPTION**

*(Leave this space blank)*

1. *Name Of Employee (Last, First, Initial)*

2. *Classification Title Of Position*

3. *Usual Working Title Of Position*

4. *Name And Title Of Supervisor*

6. *Present Position No.*

7. *Department, Office, County, District*

8. *Place Of Work (Room No., Bldg., Street, City)*

**INSTRUCTIONS:** *Read all instructions thoroughly before you begin to fill out this form. Describe the duties and responsibilities of the position in your own words. Ask your supervisor for any clarification needed. Use page 3 of this form for additional comments, as needed. Sign and return the completed form to your immediate supervisor. (Ball point pen is acceptable.)*

**PART I.**

**A. PRIMARY PURPOSE OF POSITION**

Explain the primary purpose of this position and how it fits in with the organization's function.

**B. DUTIES AND RESPONSIBILITIES**

List the Duties And Responsibilities which you must perform and the percentage of time spent performing each duty. This is usually calculated on a weekly basis, but if your work is cyclical, you may need to calculate on a yearly basis. The total should equal 100%.

Describe the duties most essential to the accomplishment of the primary purpose of the job first and designate by placing an "A" in the left hand column. Place a "B" by the duties that are important but not essential to the primary purpose and a "C" by the duties that add value but are not required to accomplish the primary purpose.

List those duties in order of importance to the accomplishment of the primary purpose of the job last.

Begin each statement with an action verb and state what is done, how it is done and why it is done.

<b>"A, B, or C"</b>		<b>% Of Time</b>

**PART I (Sections A And B Continued)**

**NOTE:** *This page is provided for the additional space needed to complete Part I, Sections A and B, of this form.*

<b>"A, B, or C"</b>		<b>% of Time</b>

**NOTE:** Refer to your list of duties to respond to the remaining questions in Part I. Please keep in mind that responses should be based on your normal work week or year.

**C. KNOWLEDGE AND SKILLS REQUIRED TO PERFORM DUTIES**

1. List the knowledge and skills required to perform the duties, and indicate how a knowledge or skill is used.

**KNOWLEDGE REQUIRED**

**/HOW USED**

**SKILL REQUIRED**

**/HOW USED**

2. List any license, certificate, etc. that you are required by law to possess as a condition of employment.

**D. SUPERVISORY CONTROLS OVER YOUR WORK**

1. Describe where your work comes from. For example, assignments are received from your supervisor, work orders, requests from the public, etc.



### E. GUIDELINES USED IN COMPLETING YOUR WORK

1. List the guidelines you must use in your work (e.g., laws, regulations, reference manuals, standard operating procedures manuals, handbooks, occupational standards/practices, checklists, etc.), and describe how you apply these guidelines in your work. Be sure to include both those guidelines which are not committed to memory and require your referring to them, and those guidelines which must be known or which cannot be referred to.

#### GUIDELINE HOW USED OR APPLIED

2. Do you have the authority to depart from any of the guidelines listed above? \_\_\_\_\_ If yes, explain.

### F. COMPLEXITY

1. Indicate briefly what makes your job difficult or complex and why. Consider the number, variety and intricacy of tasks, steps, processes, or methods in the work performed; the difficulty in identifying what needs to be done; and originality which may be involved in performing the work.



**I. WORKING CONDITIONS**

**1. ENVIRONMENT**

Indicate the normal or usual conditions and locations where your work is performed. Indicate the percent of time spent for each condition indicated. For example, work is performed outdoors, or in an office, library, computer room or similar setting, or in a secured facility. Indicate if your work exposes you to much noise, grease, dirt, noxious odors.

Work Environment	% Of Time Weekly

**2. HAZARDS**

List the hazards or risks under which your work is normally performed and the special procedures or safety precautions which must be observed. Indicate the percent of time you are exposed to each hazard/risk. For example, operating power tools, working at great heights, using toxic chemicals/explosives, exposure to abusive individuals, exposure to contagious diseases, etc.

Hazard/Risk	Special Procedures, Safety Precautions, And Protective Devices Required	% Of Time Weekly

**J. PHYSICAL DEMANDS**

List the physical demands required by your job. Indicate the percent of time spent on physical demands indicated. For example, sitting at a desk, standing and walking, lifting light objects (less than 20 pounds), use of tools or equipment requiring strength or dexterity, such as rapid and sustained keyboard operation or operation of vehicles or printing equipment (*give examples*).

Physical Demands	% Of Time Weekly

**K. EMPLOYEE CERTIFICATION**

I certify that all of the above statements are complete and accurate to the best of my knowledge.

Date

Signature Of Employee

**PART II.**

**A. SUPERVISION EXERCISED**

Supervision is an on-going and regular responsibility for the work of other regularly scheduled workers, who may be volunteers.

**1. NUMBER SUPERVISED**

Indicate the names, class titles and grades for the individuals you supervise directly. Include all regularly scheduled personnel supervised directly, whether paid full-time or part-time employees, volunteers, or similar categories of workers. To be credited, employees or volunteers supervised must be regularly scheduled workers. Temporary employees should not be included. Indicate the number, class titles and grades of positions you supervise indirectly, for example, through subordinate supervisors.

**WORKERS SUPERVISED DIRECTLY**

Name	Class Title	Grade

**WORKERS SUPERVISED INDIRECTLY**

Name	Class Title	Grade

**2. NATURE OF WORK DIRECTION THAT YOU PROVIDE TO OTHERS**

Select one of the following statements that best describes your position.

- a.  I pass on or give assignments or instructions to other employees or volunteers and check their work; I personally perform work similar to those I supervise.
- b.  I assign and review work, enforce work standards, solve ordinary problems encountered in the work, enforce unit policies, and may participate in the work performed by subordinates, but spend the majority of my time supervising others.
- c.  I develop plans to implement approved work plans extending over one or two years, review work progress and recommend or take action to adjust work effort to meet objectives, and do not normally participate directly in the work performed by my subordinates.
- d.  On my own authority or in consultation with a supervisor, I decide on the work program of a department or equivalent organizational unit.
- e.  I decide or approve all matters relating to the work program of a department or equivalent organizational unit.



If requesting reclassification of the position due to new or higher-level duties, indicate where these duties originated and why the employee has been assigned such duties. If these duties were formerly assigned to another position, indicate the position title. If requesting reclassification due to a reduction in duties, indicate what duties are no longer being performed and the position title to which they have been reassigned.

**SUPERVISOR CERTIFICATION**

I certify that the above information is accurate and complete to the best of my knowledge.

*Date*

*Signature Of Supervisor*

**CERTIFICATION**

**Statement By Constitutional Officer And/Or Hiring Authority:**

I certify that this job description is complete and accurate except as noted below and that such differences have been clarified with the supervisor and/or employee.

*Date*

*Signature Of Hiring Authority*