



Position Description Form

Human Resources



Frederick County Public Schools
191 South East Street
Frederick, Maryland 21701

Form #003-F09
August 2024

Clear Form

SECTION I – Position Information

Reason for Submittal:

- Creation of New Position
- Vacancy
- Classification Review

Date _____

Position Supervisor's Name _____

Position Supervisor's Title _____

Current Position Title _____

Proposed Position Title _____

Department _____

Division _____

Work Location _____

Job Summary: Using 5-6 statements, describe the general purpose, focus and overall responsibilities of the position. How does this position align to support the strategic work of the department? (Typically used for recruiting and job announcements.)

SECTION II – Primary Responsibilities

Describe below the work the position is responsible for completing daily or weekly. Make your description definite and clear enough that persons who are not familiar with the work will understand the position responsibilities. List the duties and tasks the position is responsible for performing starting with the most important and finish with those that are routine or occasional in nature. Start each sentence with an action word (e.g. prepares, assists, organizes, provides, observes, ensures, guides, leads, monitors, develops, implements, conducts, etc.). Be as brief as possible, but do not leave out important information.

In the column on the left, indicate the percent of time that is spent on each of the duties listed. The total percent of time should add up to 100% (*of time column total should equal 100% and duty statements should not be smaller than 5% or larger than 50%*).



| % of Time (Required) | Essential Functions: Please list the <u>Most Important</u> duties in the first box and end with the least important at the bottom |
|---------------------------------|--|
| | Functional Area Title: |
| | |
| | Functional Area Title: |
| | |
| | Functional Area Title: |
| | |
| | Functional Area Title: |
| | |



| | |
|-------------|-------------------------------|
| | Functional Area Title: |
| | |
| | Functional Area Title: |
| | |
| | Functional Area Title: |
| | |
| 100% | Total |

SECTION III – EDUCATION AND KNOWLEDGE, SKILLS & ABILITIES (KSAs)

Required Education, Certification, and Experience (Minimum):

Education:

Certification:

Experience:



Preferred Education, Certification, and Experience:

Education:

Certification:

Experience:

Required Knowledge, Skills, and Abilities:

SECTION IV – Work Demands

The following identifies some of the physical and mental demands and potential hazards typically encountered by this position. These are job demands which can be ***reasonably anticipated and are an expectation of the job.***

Keeping in mind the essential functional areas and duty statements described in above, please select the rating that best matches the requirement of this position according to the following descriptions:

| | |
|--------------------------|---|
| Not Required (N): | Not required of this position. |
| Present (P): | Requirement is present, but is not essential to the position. <i>For example, a receptionist may encounter aggressive or angry people, but this is not an essential assignment.</i> |
| Occasional (O): | Required 33 percent of the time or less and essential to the position. <i>For example, a lifeguard swims only occasionally, but it is essential that a lifeguard be able to swim; a correctional officer must control aggressive / angry people who are life threatening.</i> |
| Frequent (F): | Required over 33 percent of the time and essential to the position. |

Items checked below must be consistent with the duty statements listed in the primary responsibilities.



| Physical Requirements | Rating Section | | | |
|--|--|----------------------------|----------------------------|----------------------------|
| | (Select one for each physical requirement) | | | |
| Sitting | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |
| Walking | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |
| Standing | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |
| Running | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |
| Jumping | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |
| Bending or twisting | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |
| Squatting or kneeling | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |
| Crawling | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |
| Reaching above shoulder level | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |
| Reaching below shoulder level | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |
| Ascending or descending using a ladder or other conveyance | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |
| Climbing stairs | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |
| Driving cars, light duty trucks | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |
| Using floor mounted foot controls to operate equipment (e.g., skid loaders, backhoes, or excavating equipment) | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |
| Repetitive motion of hands/fingers (e.g., keyboarding, turning pages) | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |
| Fine manipulation with fingers | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |
| Pinching with fingers | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |
| Grasping with hand, gripping | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |
| Lifting/carrying up to 25 pounds | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |
| Lifting/carrying 26-50 pounds | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |
| Lifting/carrying more than 50 pounds | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |
| Pushing/pulling up to 25 pounds | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |
| Pushing/pulling 26-50 pounds | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |
| Pushing/pulling more than 50 pounds | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |
| Balancing on moving surfaces | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |
| Balancing on narrow surfaces | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |



| | | | | |
|---------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| Balancing on slippery surfaces | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |
| Balancing on uneven surfaces | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |
| Seeing objects at a distance | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |
| Seeing objects peripherally | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |
| Using depth perception | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |
| Seeing close work (e.g., typed print) | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |
| Distinguishing colors | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |
| Hearing conversations or sounds | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |
| Hearing via radio or telephone | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |
| Communicating through speech | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |
| Communicating by writing/reading | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |
| Distinguishing odors by smell | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |

| Work Environment | Rating Section (Select one for each work environment) | | | |
|---|--|----------------------------|----------------------------|----------------------------|
| Work in/exposure to inclement weather | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |
| Work in/exposure to cold water | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |
| Work in confined areas (under desks, in heating vents, etc.) | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |
| Exposure to dust, chemicals, or fumes | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |
| Exposure to hazardous equipment (e.g., equipment with pulleys, belts, chains, couplings or flywheels) | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |
| Exposure to electrical current (not outlets) | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |

| | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| Pool Operation | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |
| Work at heights up to 25 feet (e.g., towers, poles) | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |
| Work at heights over 25 feet (e.g., towers, poles) | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |
| Work around moving machinery or mobile equipment | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |
| Work around moving mechanical parts | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |
| Work on and off moving equipment | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |
| Work on slippery or uneven surfaces | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |



| | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| Exposure to high noise levels | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |
| Exposure to blood, body fluid, or materials potentially contaminated by blood or body fluids (e.g., hospital, lab, clinic, public protection environment) | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |
| Exposure to needles or sharp implements (e.g., hospital, kitchens) | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |
| Use of hot equipment (e.g., kitchen ovens, lab equipment) | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |
| Exposure to aggressive/angry people in the work environment | N <input type="checkbox"/> | P <input type="checkbox"/> | O <input type="checkbox"/> | F <input type="checkbox"/> |

SECTION V – POSITION REQUIREMENTS, LEADERSHIP, AND SUPERVISION

Please provide the standard work hours of this position _____

Is this position essential personnel? Yes No

Is this position required to work special hours? Yes No

If yes, describe (e.g., weekend/evening, shift work).

Is this position accountable for departmental funds/budgets? Yes No

If yes, list annual dollar amount and describe “accountability”.

Does the position have signature or decision-making authority for its department/division? Yes No

*Please note – contract signature authority is only held by the Superintendent.

If yes, describe/list types of documents.

Describe typical decisions made by this position without supervisor approval:

Contacts: Identify the position’s significant person-to-person work relationship and contacts.

Briefly describe the purpose and frequency of the contacts, internal and external.



Does this position supervise regular FCPS employees? Yes No

Does this position have leadership duties? Yes No

Note: If both boxes are checked “no”, please skip the section below.

Responsibilities and Assigned Level of Authority

| Level | | Definition of Authority | | | | | | |
|--|--|--|--|--|--|--|--|--|
| 1 | | Approves action; notification to supervisor may or may not be necessary afterward. | | | | | | |
| 2 | | Recommend and discuss the decision with the supervisor; then take action. | | | | | | |
| 3 | | Develop recommendation to supervisor; supervisor makes the decision and directs the position to take action. | | | | | | |
| Employ | Discipline | Discharge | Adjudicate Grievances | Evaluate Performance | Set Task Priorities | Check Quality of Work | Assign Work | Instruct & Train Staff |
| (Includes authority to hire, transfer, layoff or recall) | (Includes authority to suspend, demote, or issue written warning) | | (Includes authority to respond to a first level grievance under a collective bargaining agreement) | | | | | |
| <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 |

List the titles of employees the position will/currently directly supervises or leads:

| Title | FTE | |
|-------|-----------------------------|-----------------------------|
| | <input type="checkbox"/> FT | <input type="checkbox"/> PT |
| | <input type="checkbox"/> FT | <input type="checkbox"/> PT |
| | <input type="checkbox"/> FT | <input type="checkbox"/> PT |
| | <input type="checkbox"/> FT | <input type="checkbox"/> PT |
| | <input type="checkbox"/> FT | <input type="checkbox"/> PT |
| | <input type="checkbox"/> FT | <input type="checkbox"/> PT |
| | <input type="checkbox"/> FT | <input type="checkbox"/> PT |

SECTION VI – APPROVAL & SIGNATURES

I certify that the information provided on this form is accurate and complete.

Employee’s Signature _____ Date _____
(Only required if the position classification/reclassification review is requested by the employee)

Supervisor’s Signature _____ Date _____

Executive Director or Director’s Signature _____ Date _____

Cabinet Member’s Signature _____ Date _____



SECTION VII - HUMAN RESOURCES USE ONLY

| | |
|---|--|
| (Human Resources Review) Classification Recommendation: | |
| <input type="checkbox"/> Reclass position w/ title and grade change | <input type="checkbox"/> Create job class description for current position/vacancy |
| <input type="checkbox"/> Reclass position w/ title change | <input type="checkbox"/> Create job class description for new position |
| <input type="checkbox"/> Reclass position w/ grade change | <input type="checkbox"/> Update |
| Explanation Summary: | |
| | |

Current Job Title

New Job Title

Employee Unit

Scale / Grade

Division

Department

Job Code

FLSA Status

EEO Category / Code

MSDE Code

Classification Specialist

HR Director