# CITY OF MADISON POSITION DESCRIPTION

1. Name of Employee (or "vacant"):

Work Phone:

2. Class Title (i.e. payroll title):

3. Working Title (if any):

4. Name & Class of First-Line Supervisor:

Work Phone:

5. Department, Division & Section:

6. Work Address:

7. Hours/Week:

Start time:       End time:

8. Date of hire in this position:

9. From approximately what date has employee performed the work currently assigned:

10. Position Purpose: (How this position fits into the overall mission, vision, and goals of your agency and work unit.)

11. Position Summary:

12. Functions and Worker Activities: (Do NOT include duties done on an "Out-of-Class" basis.)

     % A.

1.

2.

3.

4.

5.

     % B.

1.

2.

3.

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5.

     % C.

1.

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     % D.

1.

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     % E.

1.

2.

3.

4.

5.

13. Primary knowledge, skills and abilities required:

14. Special tools and equipment required:

15. Required licenses and/or registration:

16. Physical requirements:

17. Supervision received (level and type):

18. Leadership Responsibilities:

This position: [ ]  is responsible for supervisory activities (Supervisory Analysis Form attached).

[ ]  has no leadership responsibility.

[ ]  provides general leadership (please provide detail under Function Statement).

19. Employee Acknowledgment:

[ ]  I prepared this form and believe that it accurately describes my position.

[ ]  I have been provided with this description of my assignment by my supervisor.

[ ]  Other comments (see attached).

EMPLOYEE DATE

20. Supervisor Statement:

[ ]  I have prepared this form and believe that it accurately describes this position.

[ ]  I have reviewed this form, as prepared by the employee, and believe that it accurately describes this position.

[ ]  I have reviewed this form, as prepared by the employee, and find that it differs from my assessment of the position. I have discussed these concerns with the employee and provided them with my written comments (which are attached).

[ ]  I do not believe that the document should be used as the official description of this position (i.e., for purposes of official decisions).

[ ]  Other comments (see attached).

SUPERVISOR DATE

Instructions and additional forms are available from the Human Resources Dept., Room 261, Madison Municipal Bldg., calling 266-4615 or visiting [cityofmadison.com/employeenet/policies-procedures/position-descriptions](http://www.cityofmadison.com/employeenet/policies-procedures/position-descriptions).