**The Office of Institutional Equity and Human Resources must review and sign before obtaining signatures of leadership and/or employee.**

**Colorado State University Pueblo**

**Administrative Professional Job Description**

|  |  |  |
| --- | --- | --- |
| Position Title: | | **Title** |
| Position Number: | | **####** |
| Department: | | **Department** |
| Reports To: | | **Supervisor Title (not name)** |
| **A.** | **Department/Division/Unit purpose (brief statement of main function)** | |
|  | | |
| **B.** | **Job summary statement (brief summary of overall responsibility of this position)** | |
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| **C.** | | | **Reporting Structure (Attach full Organizational Chart)** | | | | | | | | | | | | | | | | | |
| Click on box border until sizing handles appear, then press delete to remove extra boxes. | | | | | | | | | | | | | | | | | | | | |
| **D.** | | | **Primary Duties—List those ESSENTIAL FUNCTIONS performed on the job and specific percentages of time generally spent on them. These will describe the reason the position exists. Action verbs such as “coordinates”, “prepares”, and “directs” should be utilized and explained.** | | | | | | | | | | | | | | | | | |
|  | | | **% time** | **Regularly performed duties (ESSENTIAL FUNCTIONS)** | | | | | | | | | | | | | | | | |
|  | | |  | Select row and right click to add or delete row(s). Use one row for each job duty percentage and for each ancillary job duty percentage. Delete this row upon completion.    BRIEFLY summarize essential job duties below. Do not provide details for every job function. | | | | | | | | | | | | | | | | |
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| **E.** | | **Ancillary Duties—List those occasional or irregular duties that may be required of this position but are not essential functions and specific percentages of time generally spent on them.** | | | | | | | | | | | | | | | | | | |
|  | | **% time** | | **Occasional and irregularly performed duties (NON-ESSENTIAL FUNCTIONS)** | | | | | | | | | | | | | | | | |
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| **F.** | | **Indicate the qualifications you believe should be required in filling a FUTURE vacancy in this position. Keep the position itself in mind, rather than the qualifications of the individual who now occupies it.** | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | **Minimum Qualifications (essential to perform the job)** | | | | | | | **Additional Desired (Preferred) Qualifications** | | | | | |
| **Education, general** | | | | | | | |  | | | | | | |  | | | | | |
| **Education, special or professional** | | | | | | | |  | | | | | | |  | | | | | |
| **Licenses, certificates, or registrations** | | | | | | | |  | | | | | | |  | | | | | |
| **Special knowledge, abilities, and skills** | | | | | | | |  | | | | | | |  | | | | | |
| **Experience** | | | | | | | | List experience in this section, not in special knowledge, abilities, and skills section above | | | | | | |  | | | | | |
| **G.** | **This section to be completed by the Office of Institutional Equity and Human Resources (HRIE) before obtaining signatures of leadership and/or employee.**  **The minimum qualifications for this position were reviewed and approved by:** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |  | | |  | |
| Human Resources | | | | | | | | | | | | | | | |  | | | Date | |
|  | | | | | | | | | | | | | | | |  | | |  | |
| Office of Institutional Equity | | | | | | | | | | | | | | | |  | | | Date | |
|  | | | | | | | | | | | | | | | | | | | | |
| **FLSA Status:** | | | | |  | | **Non-exempt** | | |  | **Exempt** | | | | | | | | | |
| **If Exempt, Type:** | | | | | |  | | | Administrative | | |  | Executive | | | |  | | | Professional |
|  | | | | | |  | | | Sales | | |  | Computer Professional | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| Human Resources comments/information: | | | | | | | | | | | | | | | | | | | | |
| CUPA Code: | | | | | | | | | | | | | | | | | | | | |
| SOC: | | | | | | | | | | | | | | | | | | | | |
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| HRIE Director (or designee) Signature | | | | | | | | | | | | | |  | | | | | | Date |
|  | | | | | | | | | | | | | | | | | | | | |
| **H.** | **Funding Source (general fund, grant funds—\*if grant funded, Director of Office of Research and Sponsored Programs must sign below)** | | | | | | | | | | | | | | | | | | | |
| **Salary/range:** | | | | | | | | | | | | | | | | | | | | |
| **Account #:** | | | | | | | | | | | | | | | | | | | | |
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| Preparer Signature | | | | | | | | | | | | | |  | | | | Date | | |
|  | | | | | | | | | | | | | |  | | | |  | | |
| Department Head Signature | | | | | | | | | | | | | |  | | | | Date | | |
|  | | | | | | | | | | | | | |  | | | |  | | |
| ORSP Signature if grant-funded *or* VP Operations and Advancement signature if Vision-funded | | | | | | | | | | | | | |  | | | | Date | | |
|  | | | | | | | | | | | | | |  | | | |  | | |
| Appointing Authority Signature | | | | | | | | | | | | | |  | | | | Date | | |
|  | | | | | | | | | | | | | |  | | | |  | | |
| Employee Signature | | | | | | | | | | | | | |  | | | | Date | | |

It is the policy of Colorado State University Pueblo to provide reasonable accommodations to employees and applicants with disabilities. If accommodations are necessary, employees and applicants should contact the Office of Institutional Equity at ie@csupueblo.edu.