**Colorado State University-Pueblo**

**Faculty Job Description**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Position Title: | | | **Insert job title** | | |
| Position Number: | | | **Insert position number** | | |
| Department: | | | **Insert department name** | | |
| Reports To: | | | **Insert supervisor title** | | |
| Expertise (PhD/highest degree): **Insert area of expertise (match to CIP codes)** | | | | | |
|  | | | | | |
| **A.** | **Department/Division/Unit purpose (brief statement of main function)** | | | | |
|  |  | | | | |
| **B.** | **Reporting Structure (Attach full Organizational Chart)** | | | | |
|  | (full organizational chart required) | | | | |
| **C.** | **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.** | | | | |
| **% of time** | **Regularly performed duties (ESSENTIAL FUNCTIONS)** | | | |
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| **D.** | **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.** | | | | |
| **% of time** | **Occasional and irregularly performed duties (NON-ESSENTIAL FUNCTIONS)** | | | |
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| **Indicate the qualifications which you think 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** | **Additional Desired (Preferred) Qualifications** |
| **Education, general** | | | |  |  |
| **Education, special or professional** | | | |  |  |
| **Licenses, certificates, or registrations** | | | |  |  |
| **Special knowledge, abilities, and skills** | | | |  |  |
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| **Funding Source (General Fund, Grant Funds, etc.)** | | |
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|  | | |
|  | | |
| Signature of Preparer |  | |
|  | Date |  |
| Signature of Department Chair |  | |
|  | Date |  |
| Signature of Dean |  | |
|  | Date |  |
| Signature of Provost |  | |
|  | Date |  |
| Signature of Employee |  | |
|  | Date |  |

The following information is to be completed by Human Resources Personnel:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FLSA Status:** |  | | **Non-exempt** | |  | **Exempt** | | | | | | |
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| **If Exempt, Type:** | |  | | Administrative | | |  | Executive | |  | | Professional |
|  | |  | | Sales | | |  | Computer Professional | | | | |
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| Human Resources comments/information: | | | | | | | | | | | | |
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| **Authorized Human Resources signature** | | | | | | | | |  | | **Date** | |