# 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.

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5.

     % B.

1.

2.

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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).