



Approved Classification	
Effective Date	
Analyst	
FLSA Status	

**OFFICE OF STATE HUMAN RESOURCES  
POSITION DESCRIPTION FORM**

Name of Employee	Present University or Beacon Position Number / Proposed Number
Present Classification Title / Salary Grade or Banded Level	Proposed Classification Title / Salary Grade or Banded Level
Usual Working Title of Position	Department, University, Agency or Commission
Institution / Division UNCSA	Section / Unit
Street Address, City and County 1533 South Main Street Winston Salem NC	Location of Workplace, Building and Room Number
Name of Immediate Supervisor	Supervisor's Position Title and Number
Work Schedule (i.e. Monday-Friday, rotating shifts, etc.)	Work Hours (i.e. 8:00 am-5:00 pm, etc.)
<b>Primary Purpose of the Organizational Unit</b>	
<b>Primary Purpose of the Position</b>	
<b>Changes in Responsibilities and/or Organizational Relationship Since the Position Was Last Classified</b>	
30%	<b>Description of Work:</b>
25%	
20%	
10%	

10%	
5%	

**Competencies, Knowledge, Skills and Abilities Required in this Position**

**Knowledge-Professional:**

**Program Monitoring and Administration:**

**Training and Education:**

**Safety and Health Compliance:**

**Communication:**

**Education and Experience Required** *What educational background is needed to perform these duties and responsibilities? What kind of work experience is needed?*

**Minimum Training and Experience:**

**License or Certification Required by Statute or Regulation:** *Is a license or certificate required? What kind and type?*

**A valid NC driver's license is a condition of employment**

Employee's Signature/Title	Date		Supervisor's Signature/Title	Date
Vacant _____			_____	