## Proposed Position Information

**Job Code and Title:**

**Working Title (if applicable):**

**Reports to (Job Code and Title):**

**Supervises (Job Codes and Titles):**

## Position Description

**Position Summary (Provide a concise statement of the focus and level of the position; you may extract and amend language from the Class Specification):**

**Duties and Responsibilities (You may extract and amend language from the Class Specification):**

**Special Requirements (Special conditions, qualifications or areas of expertise; you must explain why the special qualification is necessary to perform the duties or responsibilities listed above; Special conditions which are new to the use of this class in the department require the submission of a Special Condition Request Form):**

EXPUBSPK and EXEDHR12. Please note that the requested special conditions are not new to the use of this class at CCD. Reference DHR RQ 1090419/P1478, Class 1844 established 11/6/206

## Budget Information

**ASO Program:**

**ASO Subfund:**

**Index Code:**

**Non-ASO:**

**# of Position(s):**

**Budgeted Class and Rate:**

**Proposed/Recommended Class and Rate:**

## Department Certification (see Instructions)

_The authorized departmental representative named below hereby certifies that the position description provided in this document accurately reflects the duties and responsibilities of the proposed position and is consistent with the classification._

**Authorized Representative:**

**Date:**

## Approvals and Notifications (DHR Only)

**DPO:**

**Dept. Analyst:**

**Union:**

**DHR-CS Rep:**

**APPROVAL TO POST:**

**Date:**

**DHR-CS Manager:**

**APPROVAL TO POST:**

**Date:**

**HOLD FOR BUDGET ACTION:**

(Revised 03/2006)
Instructions for Submission to DHR

1. Department Certification must be provided by an individual authorized to submit position classification documents. An appropriately completed Signature Authorization Card must be on file with DHR for this purpose.

2. The Express Classification Form should be submitted as an email attachment. If the Form is submitted by someone other than the individual providing the Department Certification, the authorized representative providing the Department Certification must be copied on the transmitting email.

3. Submit the Form to the DHR Client Services Representative assigned to your department. If additional information is required, a Client Services Representative will contact the Departmental HR Contact named at the top of the Form.