



The University of Michigan  
**Position Description Form**  
 (For all regular staff and bargained-for positions)

The purpose of this form is to formally document the content of a job, including job functions, duties, scope, and the minimum and preferred qualifications. The statements included in this description are intended to reflect the general nature and level of work assigned to this position and should not be interpreted as all-inclusive. For more information, please contact your unit or central HR office representative.

**CHECK ONE:**

- Existing Position for Posting                     
  New Position or Job Code Change for Posting                     
  Job Code Change for Individual (must attach a submittal form)

Job Req # \_\_\_\_\_

Job Req # \_\_\_\_\_

**Part One** (Skip to Part Two for New Position)

Current Incumbent Name	UMID	Unique name
Current Job Market Title	Current Job Code	Current Std Hrs
Current Working Title	Current Salary	Current Job Role/Salary Grade
Current Department Name		Current Dept ID

**Part Two**

Immediate Supervisor Name	Market Job Title	
Department Name	Dept ID	Phone

**Part Three**

Proposed Job Market Title	Proposed Job Code	Proposed Full Time Rate
Proposed Working Title	PCN	Proposed Salary Grade
Proposed Career Family/Job Family	Proposed Career Band	Job Role: Professional Managerial Executive

**Part Four**

**SUPERVISION:** Indicate the market job title and number of FTE supervised. Please check (✓) the type of supervision provided as defined below:

Administrative Supervision: Has the authority to hire, transfer, suspend, promote, discharge, reward, or recommend such action.

Functional Supervision: Has the authority to work as group leader, assist in the training of new staff members, communicate instructions, maintain employee records, and assign work to others.

Market Job Title of Position(s) Supervised	# of FTE	Administrative Supervision	Functional Supervision



**Part Eight**

Provide any additional comments or information not covered above.

**Part Nine (Optional by Department)**

Funding plan for position/business case for request by department.

By signing below or sending this form via email, I certify that the above information is accurate to the best of my knowledge.

\_\_\_\_\_  
Staff Member Signature

\_\_\_\_\_  
Date

**TO BE COMPLETED BY SUPERVISION/MANAGEMENT:**

**Immediate Supervisor**

By signing below or sending this form via email, I certify the answers to the preceding questions accurately reflect the content of the position

- completely.
- with the following clarifications:

\_\_\_\_\_  
Supervisor Name or Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean, Director or Representative Name or Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Central Human Resources Representative (HRAA/HSHR) Name or Signature

\_\_\_\_\_  
Date