

Position Evaluation Proposal

This packet is to be used by the department to conduct an evaluation of an occupied/vacant position or as an update to an employee job description. This evaluation packet includes all information needed to complete a Position Evaluate within UGAJobs. All job descriptions should be kept current within the UGA system.

This request is for:

- Reclassify Occupied Position
- Reclassify Vacant Position
- Update Employee Position Description
- Request for Salary Action Submitted

Required for New Position Descriptions and Evaluations of Position Descriptions:

1. Current Organizational Chart
2. Proposed New Organizational Chart

Resumé for Reclassification is only required when a request to reclassify an occupied position is being evaluated.



Part II: Position Details

Proposed Position Summary (Complete only if this has changed)
Please provide a 5-10 sentence job summary for the proposed position.

Impact & Influence (Complete only if this has changed)

Who will this position interact with on a consistent basis (titles/names)? What degree of autonomy (level of independent activity) will the individual have within the role? To what extent do their decisions impact the organization as a whole? Please explain in detail.



Part III: Duties/Responsibilities

Please provide the time currently spent on each major job responsibility (out of 100%) during a typical work week. List these duties in order of importance, with the most critical duty coming first.

Do not list more than 5 major entries – do not go below 5% time per assigned duty

| % Time | Duty |
|--------|------|
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List up to 5 major changes in the position's responsibilities, specifically how the proposed changes differentiate from the current assignment. If duties were removed, detail where they have been allocated or if they are no longer necessary. If duties were added, indicate if they were previously tasked with someone else or if they fulfill a new need. Please include the names and titles of all individuals involved.



Part IV: Internal & External Comparison

Please list positions within your organization (UGA) that you believe to be similar.

| Incumbent Name | Title | Department |
|----------------|-------|------------|
| | | |
| | | |
| | | |

Additional Comments: Required by the College of Pharmacy

Please include the following information in this section:

1. Knowledge, Skills, Abilities and/or Competencies
2. Education, Experience, Licensure, Certification Required
3. Preferred Qualifications (Optional)

Signature Approvals

Your signature below indicates that you have reviewed this reclassification request, ensured the information provided is complete and accurate, and support the action proposed within.

Department or Unit Representative: _____ **Date:** _____

College HR Manager: _____ **Date:** _____

Business Affairs Manager: _____ **Date:** _____

FOR BUSINESS OFFICE USE ONLY:

_____ This Evaluate is ready to be uploaded to UGAJOBS

_____ This Evaluate needs to be sent to the Dean for approval

Dean: _____

Date: _____