

DO NOT WRITE IN THIS SPACE

CC-1 (8/94)

TITLE:

SALARY:

FILES: TECHNICAL SECTION:

CC-DATED: CONTROL NO:

BUDGET ACTION:

SUBSEQUENT ACTION:

STATE OF NEW YORK-DEPARTMENT OF CIVIL SERVICE
 CLASSIFICATION AND COMPENSATION DIVISION
 THE W. AVERELL HARRIMAN STATE OFFICE BUILDING
 ALBANY, NEW YORK 12239

NEW POSITION DESCRIPTION

Prepare a separate description for each new position requested, except that one description may cover two or more identical positions in the same organizational unit. Forward original copy only to this Division.

1. Requested Title		2. Title Code	3. Requested Salary Grade or Rate	4. REQUESTED JURISDICTIONAL CLASS: <input type="checkbox"/> Competitive <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Competitive <input type="checkbox"/> Labor	
5. Department		6. Dept./Div. Code	7. Division, Bureau or Institution		8. Suggested Negotiating Unit
9. Section, Unit or Other (Specify)		10. Geog. Loc. Code		11. Work Address (Include Building and Room No.)	
12. Duration of Job <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary for ___ Mos. <input type="checkbox"/> Seasonal		13. No. of Positions <input type="checkbox"/> Part-Time for ___ Hrs. Per Week		14. Line Item No.(s)	
				15. <input type="checkbox"/> General <input type="checkbox"/> Internal Serv. <input type="checkbox"/> Spec. Rev.-Fed. <input type="checkbox"/> Fiduciary <input type="checkbox"/> Spec. Rev.-Other <input type="checkbox"/> Capital <input type="checkbox"/> Enterprise	
16. Who will be the immediate supervisor for this position? NAME: _____ TITLE: _____					

17. SUPERVISION OF OTHERS. Give the following information about other positions over which the incumbent of this position will exercise supervision. Attach additional sheet with this same information if more space is needed.

TITLE	NAME OF INCUMBENT	NATURE OF SUPERVISION
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18. List the names and titles of persons doing substantially the same kind and level of work as will be done by the incumbent of this new position.

NAME	TITLE	LOCATION OF POSITION
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COMPLETE ONLY IF NEW TITLE REQUESTED

19. What minimum qualifications should be required for this position if filled by means of open-competitive examination?

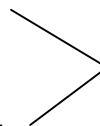
EXPERIENCE: (List Amount and Type)

EDUCATION:

High School _____

College _____

Other _____



...with specialization in

ESSENTIAL KNOWLEDGE, SKILLS AND ABILITIES:

LICENSES: _____

20. DESCRIPTION OF DUTIES: Describe the work in sufficient detail to give a clear word picture of the job. Describe the more important or time-consuming duties first. Use separate paragraphs for each kind of work. In the left column, estimate how the total working time is divided. Be specific and avoid general terms.

Percent or
Fraction of
Total Time

(Attach additional sheets if more space is needed.)

21. REMARKS: Submit any other information not covered above. Items of particular interest include a description of a new program, the reasons for the temporary nature of the job, the place of this position in your organization and its relation to other jobs.

FOR NEW TITLES: Give your reasons for the title and salary suggested. Indicate also the potential promotion field, if any. (Attach additional sheets if more space is needed.)

22. DEPARTMENT HEAD OR REPRESENTATIVE-The above statements are accurate and complete. I am satisfied to have this position classified on the basis of the information given.

DATE:

TITLE:

SIGNATURE:

