The University of Southern Mississippi  
Department of Human Resources  

Position Audit Request

<table>
<thead>
<tr>
<th>Action Requested</th>
<th>Personnel Office Use Only</th>
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</thead>
</table>
| Establish New Position | Date Received: _____/_____/_____
| Reclassify Existing Position | Comments: ___________________
| Other ___________________ | _____________________________

Work now performed by: ______________________________________________________

Current position title and level: ______________________________________________

Department: ________________________________  Department Account: _______________

1. In the space below, please list the duties and responsibilities performed in this position.  
   To the left of each task, place the approximate percentage of time spent on that task.  Use  
   increments of “5” and use no more than 15 tasks.  It may be helpful to group several tasks  
   with a composite percentage. You may attach an additional sheet to this form if needed.

<table>
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<tr>
<th>Est. Time %</th>
<th>Duties and Responsibilities</th>
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<tr>
<td>5%</td>
<td>Adheres to University and department policies, procedures, and regulations.</td>
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II. What special knowledge or skills acquired by formal education, by outside study, and/or by experience on related work is essential to qualifying for this position? Please include any licenses or certificates required for this position.


III. Indicate the way in which duties and responsibilities are generally carried out on a day-to-day basis in this position by indicating the percentage of time involved in each below:

- Receives almost daily oral or written instructions from supervisor.
- Performs regular assignments within standard practice. Assists with occasional special assignments.
- Responsible for determining work assignments based on an understanding of the limits of established practice within the position. Assists with occasional special assignments.
- Initiates broad programs under very general direction. Takes responsibility for initiating adjustments to new areas.
- Other (Explain) _______________________________________________________


IV. Write a statement which best describes the probable results of an inadvertent error (mistake) of judgment, interpretations, accountability, or exercise of authority in the performance of this position.


V. Please indicate some examples of routine contacts – personal, telephone, or other correspondence - involved in this position.

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<th>With Whom</th>
<th>For What Purpose</th>
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VI. List any confidential University data to which this position has full and complete access.

VII. Please complete the organizational chart (flow chart) below for this position:

Top line supervisor's name and title:

Direct supervisor's name and title:

Position incumbent's name and title:

Clerical subordinates # and title:

Technical, Service-Maintenance, Skilled Craft subordinates # and title:

Administrative and Professional subordinates # and title:
VIII. List any additional pertinent information about this position.

________________________________________________________________________

________________________________________________________________________

IX. What title do you propose for this position?

________________________________________________________________________

X. If an existing position, give reasons for reclassification request.

________________________________________________________________________

________________________________________________________________________

XI. Please describe the method of funding, if additional funds are required as a result of establishing or reclassifying the position.

_____ No additional funds requested; _____ E & G audit funding; _____ Auxiliary funded

_____ Grant; _____ Other; explain: ____________________________________________

XII. Form Prepared By: ________________________________ Ph#_________________

     Title: ____________________________________________________________

     Approval Recommended:

     Position's Supervisor: ________________________________ Date __/__/__

     Department Head: ________________________________ Date __/__/__

     President/VP: ________________________________ Date __/__/__

XIII. Please mail this form, completed and with approvals to The Department of Human Resources, attention: Associate Director, Box 5111.

Revised: May 20, 2002