

INSTRUCTIONS FOR COMPLETING

LINE 1

School/Division, Department, & Position OUC:

Current unit to which position is assigned, regardless of funding sources.

LINE 2

School/Division, Department, & Position OUC:

Unit to which position is to be assigned. Fill in this section only for new positions or positions being transferred from one unit to another.

LINE 3

Description of Request:

Describe the action being requested. Example follow:

Abolish Position

Organizational Change

Change in Status (FTE change)

Reactivate Position (Required if vacant more than one year)

Establish New Position

Reallocation

Name of Current Employee:

Enter the individual currently in the position

Proposed Effective Date:

Classification actions generally require three to four weeks to process. Effective dates for classification actions must be the first day of a month.

LINE 4

Line 4 should show *current* information for existing positions and should be blank for new positions.

Position Number:

Enter the five-digit position number with a *leading zero*. (Ex: 044444)

Classification Code/Title:

Enter the four-digit classification code and corresponding title from the State of North Carolina Salary Plan Book. (ex: 0453 Clerk III)

Grade/Step:

Enter the salary grade and step at which the position is budgeted. (ex: 57,03D)

FTE:

Enter the full time equivalent of the position. FTE is defined as the number of hours an employee assigned to the position works per week-stated as a decimal percentage.

1.000 = Full-time (40 hours)

.625 = 5/8 time (25 hours)

.875 = 7/8 time (35 hours)

.600 = 3/5 time (24 hours)

.800 = 4/5 time (32 hours)

.500 = Half-time (20 hours)

.750 = 3/4 time (30 hours)

Permanent positions must be least .500 FTE.

Position Type:

PMFT = Permanent Full-time

TLFT = Time-limited Full-time

PMPT = Permanent Part-time

TLPT = Time-limited Part-time

Wage/Hour:

S = Subject to Overtime

E = Exempt from Overtime

Recurring Value:

Enter the number of months the position is active per year.

Job Code:

Enter one of the following values:

2 = Recurring SPA Position, Monthly Payroll

A = Twelve-month SPA Position, Monthly Payroll

3 = Recurring SPA Position, Biweekly Payroll

B = Twelve-month SPA Position, Biweekly Payroll

R = Twelve-month County Extension Position, Monthly Payroll

LINE 5

Line 5 should show what the department is requesting. For existing positions, only those blocks which are changing need to be filled out. The entire line should be completed for new positions. Position numbers for new positions will be assigned by classification. The establishment of a new position requires budgeting at the minimum step of the grade.

LINE 6

Position Salary Distribution:

Complete only the right side for new positions. Complete both the left and right sides (FROM and TO blocks) for vacant positions.

Leave blank for existing positions with employees assigned and electronically submit a PA500.

LINE 7 This line should show the position's supervisor, position number and phone number.

LINE 8 This section should be used for relevant approvals based on school or division procedures. The signature of the Dean or Vice Chancellor (or their authorized representative) is *required*. If the position is established and filled, the description must be reviewed with the employee for his/her acknowledgement of it as a complete and accurate description of assigned responsibilities and duties, and signed by the employee in the space provided. **The duties and responsibilities in the job description should be reflective of those that are included in the employee's work plan. If not, the appropriate revisions should be made.**

Section I. OVERVIEW:

- A. **Primary Purpose of Organizational Unit:** Briefly describe the purpose and dynamics of the organizational unit in terms of its mission, purpose, and scope. Include the purpose of the unit (e.g., types of activities and services provided) and any other general information that will provide understanding of the overall scope of operational activities. Please also attach an updated organizational chart.
- B. **Primary Purpose of Position:** In three or four sentences describe the primary purpose of the position (Specific duties and responsibilities will be described in Section II through VIII).
- C. **Work Schedule:** State the normal work schedule of the position, (days and hours), and whether any shift or seasonal variances are required.
- D. **Basis for Request:** If this is a new position, briefly indicate the basis for the request. If this is an existing position, what is the primary change that has occurred in the job?

Sections II through VIII are to be completed by the employee (or supervisor if position is vacant)

Section II. BACKGROUND

Please answer the following general questions regarding your role.

- a. What **accounting** functions are you responsible for performing for your work unit?

<input type="checkbox"/> Bi-Weekly Payroll <input type="checkbox"/> Accounts Payable <input type="checkbox"/> Accounts Receivable <input type="checkbox"/> Reconciliation of Accounts <input type="checkbox"/> Travel <input type="checkbox"/> Fixed Asset Management	<input type="checkbox"/> Pre-Award Contracts and Grants Management <input type="checkbox"/> Post-Award Contracts and Grants Management <input type="checkbox"/> Personnel Actions <input type="checkbox"/> Salary Distributions <input type="checkbox"/> Other: _____ <input type="checkbox"/> Other: _____
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- b. What **budgeting** functions are you responsible for performing for your work unit?

<input type="checkbox"/> Budget Monitoring <input type="checkbox"/> Budget Reporting	<input type="checkbox"/> Budget Development and Revisions <input type="checkbox"/> Budgetary Analysis and Planning
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- c. Do you perform accounting work at the Unit/Center, Department, College, or University level?

- d. Rank the project (FAS account) types in terms of the amount of time spent in managing each funding type. Omit funding sources that you do not typically manage.

<i>Funding Source</i>	<i>Rank</i>
State Appropriated Funds (Ledger 2)	
Contract and Grant Funds (Ledger 5)	
Trust Funds (Ledger 6, 7 and 9)	
Sales and Service Funds (Ledger 3-5)	
Receipts Funds	
Other:	

III. Major Duties and Responsibilities

Most jobs have four to six primary, or essential, job functions (responsibility areas). Please describe the major duties that make up your job, starting with the most important. Define each responsibility in terms of the supporting tasks that are required to complete it. Try to use action verbs such as monitor, verify, reconcile, or approve to describe your tasks. Briefly describe any decisions or recommendations that you make related to the responsibility, and the impact of those decisions or recommendations. Also, estimate the percentage of time that is spent on each major function, and the frequency [daily (D), weekly (W), monthly (M), quarterly (Q), or annually (A)] that the function is performed. The percentages for all of the major job functions should add up to 100%.

	Major Job Functions	Rank of Importance	% of Time	Frequency (D,W,M,Q,A)
1.	Responsibility: Supporting Tasks: Decisions or Recommendations Made By You: Impact of Decisions/Recommendations:			
2.	Responsibility: Supporting Tasks: Decisions or Recommendations Made By You: Impact of Decisions/Recommendations:			
3.	Responsibility: Supporting Tasks: Decisions or Recommendations Made By You: Impact of Decisions/Recommendations:			
4.	Responsibility: Supporting Tasks: Decisions or Recommendations Made By You: Impact of Decisions/Recommendations:			

IV. Decision Making and Consequence of Error

- a. Please provide two to three examples of typical problems that you are required to resolve.
1. _____

 2. _____

 3. _____

- b. Describe your level of approval authority. Include the types of transactions typically approved and the determinations made as part of the approval process.
- _____
- _____
- _____

V. Analytical Requirements

- a. What financial reports are prepared or utilized by your position? Describe the action or responsibility you have for each report (e.g., compile, summarize, analyze). To whom are they submitted and for what purpose?

Report	Responsibility	Submitted To/Reason
Sample: Lapse Salary Report		
1.		
2.		
3.		

VI. Knowledges and Skills

- a. Please check and/or list accounting-specific knowledge areas that are required in your position.

- | | |
|--|---|
| <input type="checkbox"/> Basic Accounting Principles (e.g., journal entries, debits/credits) | <input type="checkbox"/> Budgeting |
| <input type="checkbox"/> Generally Accepted Accounting Principles | <input type="checkbox"/> State and University Fiscal Policies and Regulations |
| <input type="checkbox"/> Auditing | <input type="checkbox"/> Agency-Specific Terms and Conditions |
| <input type="checkbox"/> Cost Accounting Standards | |
| <input type="checkbox"/> Federal Circulars (e.g., A-21) | |
| <input type="checkbox"/> GASB | |
| <input type="checkbox"/> Others: _____ | |
| _____ | |
| _____ | |

- b. Which University (or work unit) accounting systems and applications are utilized regularly in your position?

- | | | |
|--|--|---|
| <input type="checkbox"/> PS Financials | <input type="checkbox"/> GAMS | <input type="checkbox"/> Advance |
| <input type="checkbox"/> PS Payables | <input type="checkbox"/> Fastlane | <input type="checkbox"/> Electronic Payment Systems |
| <input type="checkbox"/> PS Receivables | <input type="checkbox"/> PS HR Reallocations | <input type="checkbox"/> Other Specialized Customized, or Internal Systems: |
| <input type="checkbox"/> PS Reporting | <input type="checkbox"/> TEARS | _____ |
| <input type="checkbox"/> Student Billing | <input type="checkbox"/> PS Labor | _____ |
| <input type="checkbox"/> Online Billing | <input type="checkbox"/> PS HR Payroll | _____ |
| <input type="checkbox"/> Query | <input type="checkbox"/> Position Control | |
| <input type="checkbox"/> nVision | <input type="checkbox"/> PS Human Resources | |
| <input type="checkbox"/> DRAS | <input type="checkbox"/> CAPS | |

VII. Interpersonal Contact

- a. With whom do you primarily interact and for what purposes? _____

- b. Are you responsible for supervising any employees or providing training or guidance to employees (employees may be either internal or external to your immediate work unit)? If yes, please explain.

VIII. Other

- a. What guidelines, instructions, and references are available to you to use in the course of your work?

- b. What are the consequences of errors or inaccuracies in your work?

- c. Do you perform any additional tasks that are not related to accounting, such as other office support or administrative responsibilities? If yes, please summarize below.

- d. Are there additional considerations or factors that you feel impact your position?

BUDGET DATA SHEET for ACCOUNTING POSITIONS

Directions: Please complete the following annual budget information, including only funds which you manage or for which you have accountability.

TOTAL ANNUAL BUDGET FROM ALL SOURCES MANAGED:	\$ _____
Total Annual State-Appropriated Funds:	\$ _____
Number of Accounts: _____	
Total Non-Personnel Funds: \$ _____	
Total Annual Contract and Grant Funds:	\$ _____
Number of Accounts: _____	
Personnel Funds (Release Time and Grad Salaries): \$ _____	
Number of Grants/Contracts: _____	
Number of Subcontracts within Awards: _____	
Number of Contract and Grant Sources: _____	
Total Annual Trust Funds (Institutional and Special):	\$ _____
Number of Accounts: _____	
Total Annual Sales and Service Funds:	\$ _____
Number of Accounts: _____	
Total Annual Receipts Funds:	\$ _____
Number of Accounts: _____	

(Please complete only if you manage or impact the personnel budget)

TOTAL PERSONNEL:	_____
Total EPA:	_____
Graduate Students: _____	
Total Staff (SPA):	_____
Total Temporary/Biweekly Employees:	_____
TOTAL PERSONNEL FUNDS:	\$ _____
EPA	\$ _____
Staff (SPA)	\$ _____
Student	\$ _____

AMERICANS WITH DISABILITIES ACT (ADA) PHYSICAL EFFORTS CHECKLIST

DEPARTMENT: _____
 POSITION TITLE: _____ POS. # _____

The Americans with Disabilities Act (ADA) of 1990 and associated Federal regulations protect qualified individuals with disabilities from discrimination in all areas of employment. The ADA requires that employers identify the essential job functions in a job. Essential job functions are fundamental job duties, meaning: 1) The position exists to perform the identified function; 2) There is a limited number of employees among whom the performance of the function can be distributed; and/or 3) The employee is hired for expertise or ability to perform the functions due to its high specialization. To be considered qualified, an individual must be able to perform the essential functions of a position, with or without reasonable accommodation. It is imperative that essential functions be identified appropriately so that there is no discrimination against persons with disabilities. The Office of State Personnel requires the completion of a checklist to fulfill the requirements of ADA. The following checklist should be completed to document the physical effort and essential job functions and will become part of the position history file. In addition, other Human Resources personnel may refer to it as needed when screening applications for campus vacancies.

Essential job functions:	1.
	2.
	3.
	4.

PHYSICAL EFFORT	ESSENTIAL Y/N?	DESCRIPTION OF EFFORT (Optional)	% of Time Performing Task			
			Rare 0-30%	Occasional 30-60%	Frequent 60-90%	Constant 90-100%

Hand Movement						
Repetitive Motions						
Grasping						
Holding						
Finger Dexterity						
Reading						
Writing						
Eye-hand coordination						
Vision						
Color Distinction						
Preparing/Analyzing figures						
Visual inspection						
Measuring/Assembling at distance close to eye						
Skilled Trades						
Hearing						
Talking						
Standing						
Sitting						
Walking						
Lifting						
0- 30 lbs.						
30-60 lbs.						
60-90 lbs.						
90 plus lbs.						
Pushing/Pulling						
Climbing						

Stairs						
Ladders						
Bending						
Squatting						
Crawling						
Reaching						
Others...						
Driving						
Car/Truck						
Standard/Automatic						
Mower/Forklift						
Location						
Trees						
Air vent						
Roof						
Equipment/Machines						
Heights						
Roofs						
Ladders						
Step stools						
Scaffolds						
Night/Dark						
Extreme noise levels						
Extreme temperatures						
Inside						
Outside						
Ventilation Conditions						
Dust						
Fumes						
Chemicals						
Gases						
Exposure to potential Hazardous Conditions						
Chemical Spills						
Gas Leaks						
Infectious Bacteria						
Acidic Harsh or Oily Substances						
Use of Respirator						
Electrical Hazards						
Overtime						
Others ...						

SUPERVISOR'S SIGNATURE: _____ DATE: _____