

Certification for positions. Before any new positions in the service of a civil division shall be created or any existing position in such service shall be reclassified, the proposal therefor, including a statement of the duties of the position, shall be referred to the municipal commission having jurisdiction and such commission shall furnish a certificate stating the appropriate civil service title for the proposed position or the position to be reclassified. Any such new position shall be created or any such existing position reclassified only with the title approved and certified by the commission.

**MSD-222
NEW POSITION DUTIES STATEMENT,**

A Department Head or other authority requesting the creation of a new position must prepare a separate duties statement for each new position to be created, except that one duties statement will suffice for more than one identical position in the same organizational unit.

1. DEPARTMENT:

2. PERSON COMPLETING THIS REQUEST:

3. DESCRIPTION OF DUTIES: Describe the work in sufficient detail to give a clear word picture of the job. Use a separate paragraph for each distinct duty that will be performed. Place the most important duties at the top of the list and work you way down to the least important. In the "percent" column, estimate the percentage of time spent performing these duties. NOTE: Critical and important duties do not necessarily require the largest percentage of time. Therefore, it is imperative that you rank them according to the importance of the duty and not by the amount of time spent doing it.

PERCENT DUTIES PERFORMED

Vertical line for recording percentages.

Use additional sheets as necessary

4. Name(s) and title(s) of employees(s) **supervising** this position, and type of supervision performed (Direct, General, Administrative, Etc.).

NAME	TITLE	TYPE OF SUPERVISION
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5. Name(s) and title(s) of the employee(s) **supervised by** the incumbent of this position including the type of supervision performed:

NAME	TITLE	TYPE OF SUPERVISION
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6. Names and titles of persons doing basically the same kind and level of work as that outlined in this duties statement.

NAME	TITLE	TYPE OF SUPERVISION
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7. What minimum qualifications do you believe should be required for this position?

EDUCATION:

High School or GED:

College: # credit hours, AS Degree , BS Degree , MS Degree , PhD

with specialization in:

AMOUNT AND TYPE OF EXPERIENCE REQUIRED:

KNOWLEDGE, SKILLS, ABILITIES AND PERSONAL CHARACTERISTICS REQUIRED:

SPECIAL LICENSURE OR CERTIFICATION REQUIRED:

8. The above statements are accurate and complete.

SIGNATURE: _____ **TITLE:** _____ **DATE:** _____.

CERTIFICATE OF POSITION ISSUED BY TOMPKINS COUNTY PERSONNEL

9. In accordance with the provisions of Civil Service Law, Section 22, Tompkins County Personnel certifies that the appropriate civil service title for the position described herein shall be:

_____.

SIGNATURE: _____ **TITLE:** _____ **DATE:** _____.

ACTION BY LEGISLATIVE BODY OR OTHER APPOINTING AUTHORITY

10. Creation of the position is: [] Approved (Specify Number ____) [] Disapproved

SIGNATURE: _____ **TITLE:** _____ **DATE:** _____.