** POSITION INFORMATION FORM (PIF)**

**Non-Exempt Employee**

A Position Information Form (PIF) is a description of an employee’s actual job duties, minimum level of education, and/or experience typically required to perform those duties with acceptable competence. This form is not an evaluation of an employee's performance on the job, but form of communication between the employee and the supervisor. Necessary changes should be made on a regular basis to ensure accuracy of the job duties performed.

**PART I: Employee & Position Information**

The employee and/or the employee’s supervisor may complete this form. Accuracy and completeness are critical in this process.

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| **Employee Information** |
| Position Title:  | Division/Department/College:  |
| Employee Name:  | Employee Phone Number: |
| Immediate Supervisor:  | Supervisor Phone Number:  |

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| **General Purpose / Role of the Position** |
| Provide a summary statement that address the purpose of the position and the reasons it exists within the University. |
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| List the primary duties that are most important or consume the most time first, followed by less critical or time-consuming duties. These duties and responsibilities are intended to illustrate the various types of work performed. The omission of specific duties does not exclude them from the position if the work is similar, related, or a logical assignment to the position.  |

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| **Essential Functions – Duties & Responsibilities** | **Percentage of Time** |
| **1.** |  | **%** |
| **2.** |  | **%** |
| **3.** |  | **%** |
| **4.** |  | **%** |
| **5.** |  | **%** |
| **6.** |  | **%** |
| **7.** |  | **%** |
| **8.** |  | **%** |
| **9.** |  | **%** |
| **10.** |  | **%** |
| **TOTAL** | **100%** |

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| **Qualifications** |
| Please list the minimum qualifications of this position. (Do not list the qualifications specific to current incumbent of the position.) |
| **Minimum Education Level Required:**  |
| Choose an item. |
| **Minimum Years of Experience Required:**  |
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| **Required Knowledge, Skills, and Abilities:**  |
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| **Additional Qualifications Required (Licenses, Certifications):**  |
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| **Comments:** |
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**PART II: Employee and Supervisor Signatures**

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| *By signing below, the employee and supervisor acknowledge and certify that the information in this PIF is accurate and reflective of the employee's current job duties.* |
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**PART III: Division/Department/College Chair/VP Signature**

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| *By signing below, the divisional, department or college Chair/Vice President has reviewed and discussed this PIF with the employee’s immediate supervisor.* |
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