

ENROLLEE POSITION DESCRIPTION AND TASKS

I. POSITION

Position Title:

Period of Performance _____ to _____

Average Hours/Week*:

Estimated Total Hours:

Level:

Rate:

Wages Cost:

Expected Travel:

Task Cost:**

Ngxgnk

Level I: starts at \$15 (min. 5 years experience)

Level II: starts at \$25 (min. 10 years experience)

Level III: starts at \$35 (min. 15 years experience)

Level IV: starts at \$50 (min. 20 years experience)

* 60+ hours/pay period will result in the individual's eligibility for health insurance

** Refer to the Cost Analysis Worksheet for the Task Cost, inclusive of wages, travel and other direct and indirect costs

Primary Location for Enrollee: (Provide location name, unit name, mailing address and telephone number):

Secondary work location: (If at more than one location please specify alternate office location)

Telework: (*Specify parameters if allowed*)

Master Umbrella Agreement Number:

II. COORDINATOR, MONITOR AND ALTERNATE

Coordinator:

Title:

Phone:

Email:

Monitor:

Title:

Phone:

Email:

Alternate Monitor:

Title:

Phone:

Email:

III. GENERAL FUNCTIONS: (brief, concise one or two sentence statement):

IV. POSITION DUTIES & RESPONSIBILITIES (List duties and responsibilities in descending order of importance with anticipated percentage of time devoted to each major duty.)

DUTIES/RESPONSIBILITIES	PERCENTAGE

Total: %

V. QUALIFICATIONS

A. Minimum Educational Requirements

- High School Graduate/GED Degree
- AA or Certificate
- BA/BS
- MS
- Ph.D.

B. Acceptable Work Experience and Training as Substitutes for Minimum Education Requirements:

- Level I = minimum of 5 yrs relevant experience in related field
- Level II = minimum of 10 yrs relevant experience in related field
- Level III = minimum of 15 yrs relevant experience in related field
- Level IV = minimum of 20 yrs relevant experience in related field

C. Special Skills, Licenses, and Professional Experience

VI. OPERATIONAL SKILLS

Please check each type of equipment and computer applications that the Enrollee selected for this Position will use.

Computer Operating Systems:

- Windows
- Apple
- Other (please specify):

Qvj gt Applications:

- _____
- _____
- _____
- _____

General Software:

- MS Word
- MS Excel
- MS Access
- MS PowerPoint

- _____
- _____
- _____

Other (please specify):

VII. TRAINING

A. REQUIRED ONGOING TRAINING

Does this position require ongoing training as mandated by law? YES NO
If “YES”, please describe the training.

B. OPTIONAL TRAINING

Will training be available for those candidates who have a few minor skill deficiencies to bring them up to par for this particular position? YES NO
If “YES”, please describe the training.

VIII. TRAVEL:

IX. Does this position require travel that will be included in the budget? YES NO
If yes, briefly describe travel requirements.

X. Does this position require overnight travel? YES NO
If yes, how often (indicate frequency, i.e. # of days per week, month, etc.)

XI. Is travel by air anticipated? YES NO
If yes, how often (indicate frequency, i.e. # of days per week, month, etc.)

XII. Will rental cars be required? YES NO
If yes, how often (indicate frequency, i.e. # of days per week, month, etc.)

XIII. SAFETY REQUIREMENTS

A. REQUIRED SAFETY TRAINING FOR FIELD ACTIVITIES

Do the position duties described in Section IV include activities which have health and safety considerations? YES NO

If “YES”, please briefly describe the training that is required, and describe how these training requirements will be satisfied prior to the assignment of the Enrollee to the field.

B. SAFETY EQUIPMENT REQUIRED

1. Will safety equipment be required for the Enrollee to safely perform the responsibilities of this ACES Position? YES NO

If “YES”, please complete the following sections:

List specific safety gear that will be required for this position. For example: coveralls, gloves, hard hat, steel-toed shoes, safety goggles/glasses, safety vest.

Specify the conditions under which this safety equipment will be used.

Safety Officer's Name:

Phone:

Email:

X. PHYSICAL REQUIREMENTS

Briefly describe physical requirements.

Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions of this position.

XI. JUSTIFICATION FOR WAGE ADJUSTMENT

If hourly wage specified is above the base rate for the level, please provide justification: