UNIVERSITY OF CALIFORNIA

SENIOR MANAGEMENT COMPENSATION & BENEFITS

### 1111 Franklin Street, 9th Floor

Oakland, California 94607-5200

(510) 987-0299/0336/0306

Fax: (510) 587-6426

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| **POSITION DESCRIPTION** |
| **1. Name:**   | **2. Date:**  |
| **3. Title:**  | **4. % Time:**  |
| **5. Department:**  | **6. Location:**  |
| **7. Campus Address:**  | **Campus Phone:**  |
| **8. To Whom Report:**   |
| **9**. **Responsibilities:** |
| **10. Scope:**a) **The amount and complexity of assignments for which the incumbent is responsible.**b) **Skills and/or experience necessary to perform this position.** |
| **11. Budget:**  |
| **12. FTE:**Describe by classification or occupational grouping the total number of full-time equivalent Employees under your supervision or jurisdiction. Total Headcount \_\_\_\_\_; FTE \_\_\_\_ a) Total SMG Managed \_\_\_ b) Total MSP Headcount \_\_\_; FTE \_\_\_

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| **List of All SMG and MSP****titles in the Organization****Payroll Title** | **Grade** | **# of incumbents** |
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 **Signatures:**Employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |