UNIVERSITY OF CALIFORNIA

SENIOR MANAGEMENT COMPENSATION & BENEFITS

### 1111 Franklin Street, 9th Floor

Oakland, California 94607-5200

(510) 987-0299/0336/0306

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