



# Essex County Personnel Office

7551 Court Street, PO Box 217, Elizabethtown New York 12932 (518) 873-3360

## NEW POSITION CLASSIFICATION FORM ECPO - 222

**FROM:** (Identify your Location)

\_\_\_\_\_

**DATE:**

\_\_\_\_\_

**New York State Civil Service Law: Section 22: Certification for new positions. Before any new position in the service of a civil division shall be created, the proposed thereof 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. Any such new position shall be created only with the title approved and certified by the commission.**

**Action Request:**

- Reclassify     Create New     Abolish
- Number of Positions Requested: \_\_\_\_\_

PRESENT TITLE AND SALARY GRADE

\_\_\_\_\_

SUGGESTED TITLE AND GRADE

\_\_\_\_\_

**DESCRIPTION OF DUTIES:** Describe the work in sufficient detail to give a clear picture of the job. Use a separate paragraph for each kind of work and describe the more important or time consuming duties first. **IN THE RIGHT COLUMN,** estimate how the total working time is divided. Do not copy existing job description unless the requested position is totally identical.

<i>Description of Duties</i>	<i>Percent of Work Time</i>
	_____
	_____
	_____
	_____
	_____
	_____

**PROVIDE NAMES AND TITLE OF PERSONS SUPERVISING THIS POSITION:**

Name:	Title of Position:	Describe Type of Supervision:
_____	_____	_____
_____	_____	_____

**PROVIDE NAMES AND TITLES OF PERSONS SUPERVISED BY EMPLOYEE IN THIS POSITION:**

Name:	Title of Position:	Describe Type of Supervision:
_____	_____	_____
_____	_____	_____

**PROVIDE NAMES AND TITLES OF PERSONS DOING SUBSTANTIALLY THE SAME KIND AND LEVEL OF WORK AS THE INCUMBENT OF THIS POSITION:**

Name:	Title of Position:	Describe Type of Supervision:
_____	_____	_____
_____	_____	_____

**WHAT MINIMUM QUALIFICATIONS DO YOU THINK SHOULD BE REQUIRED FOR THIS POSITION: (Check items which you feel are the most appropriate for the position)**

**PROVIDE REMARKS AS NECESSARY IN THE SPACE PROVIDED BELOW**

HIGH SCHOOL DIPLOMA NOT REQUIRED	<input type="checkbox"/>
HIGH SCHOOL DIPLOMA OR EQUIVALENCY DIPLOMA	<input type="checkbox"/>
GRADUATION FROM COLLEGE - ASSOCIATES DEGREE	<input type="checkbox"/>
GRADUATION FROM COLLEGE - BACHELOR DEGREE	<input type="checkbox"/>
GRADUATION FROM COLLEGE - MASTERS DEGREE	<input type="checkbox"/>
COMBINATIONS OF ABOVE - NOTE UNDER REMARKS	<input type="checkbox"/>
OTHER EDUCATION REQ. - NOTE UNDER REMARKS	<input type="checkbox"/>

List any type of license or certificate required:

List amount and type of any experience required:

Describe Essential Knowledge, Skills and Abilities:

**CERTIFICATION BY SIGNATURE THAT THE ABOVE STATEMENTS ARE ACCURATE AND COMPLETE.**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date:

**THIS SECTION FOR PERSONNEL OFFICE USE ONLY**

In accordance with the provisions of Civil Service Law, Section 22 the Essex County Department of Personnel and Civil Service certifies that the appropriate civil service title for this position described is as follows:

Title: \_\_\_\_\_

Civil Service Class: \_\_\_\_\_

Job Specification Number: \_\_\_\_\_

Salary Group or Range: \_\_\_\_\_

Signature: \_\_\_\_\_

Date:

**ACTION BY LEGISLATIVE BODY OR OTHER APPROVING AUTHORITY:**

Creation of described position: APPROVED:

DISAPPROVED:

Date:

Title: \_\_\_\_\_

Signature: \_\_\_\_\_