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**DUTCHESS COUNTY DEPARTMENT OF HUMAN
 RESOURCES**

Duties Statement (Form MSD-220)

To be completed by current incumbent of position under review. Items 14 through 17 are to be completed by the immediate supervisor of position. Items 18 and 19 are to be completed by department head or ultimate appointing authority.

1. Name (Last, First): _____	2. Agency: _____
3. Current Title: _____	4. Dept. or Division: _____
5. Time with Agency (yrs/mos): _____	6. Time in Current Title (yrs/mos): _____
7. Hours in Work Week: _____	8. Current Salary: _____

9. Description of Duties: Think of the job over a one-year period and list the major tasks or responsibilities, giving enough detail to give a clear picture of each task. Give an estimate of the percentage of time that each duty takes in relationship to the entire job (should total 100%). Remember to include infrequently performed duties if they are significant to the position.

% of Job	Description of Responsibility

10. Names and titles of individuals *supervising* this position, along with the nature of supervision (direct, general, administrative, etc.):

Name	Title	Nature of Supervision

11. Names and titles of individuals supervised by this position, along with the nature of supervision (direct, general, assignment/review of work, etc.):

Name	Title	Check Activities Performed
		Interviewing
		Hiring
		Training
		Review Work
		Assign Work
		Discipline
		Job Appraisals
		Employee Counseling

12. Summarize your work responsibilities as you understand them (what is the primary purpose of your job):

13. The above statements are complete and accurate:

Employees Signature: _____ Date: _____

TO BE COMPLETED BY IMMEDIATE SUPERVISOR OF THE POSITION

14. Are the above statements of the employee accurate and complete? If not, explain omissions or discrepancies:

15. Give your idea of the essential nature of the work and responsibilities of the position and the supervision it requires:

16. What minimum qualifications do you think should be required of a candidate applying for this position?

EDUCATION: ___ High School Graduation ___ College – Years ___ Major _____
 ___ Vocational or Special Training – specify _____

EXPERIENCE (List type and minimum amount of time):

LICENSE OR CERTIFICATION REQUIRED (trade, professional, drivers, medical, etc.):

17. Signature:

Title:

Date:

TO BE COMPLETED BY THE DEPARTMENT HEAD OR APPOINTING AUTHORITY

18. Please comment on the above statements of employee and supervisor:

19. Signature:

Title:

Date:

CERTIFICATION OF DUTCHESS COUNTY DEPARTMENT OF HUMAN RESOURCES

*In accordance with the provisions of Civil Service Law §22, the Dutchess County Department of Human Resources certifies that the appropriate Civil Service title for the position described is _____ and falls in or will be proposed for the _____ jurisdictional classification.
Number of positions: _____*

Signature:

Title:

Date: