**Position Description**

**(Hay Job Evaluation)**

**Type of Evaluation Requested**

New Position  Existing/Previously Classified Position

**Identified Changes**

Changes in scope and/or organizational structure since this position was last classified must be identified below. For a position to be re-classified, substantive change must have occurred.

Click or tap here to enter text.

If the above changes impact other positions within the Department/Division (scope/responsibilities absorbed from or allocated to other positions), please ensure these position descriptions are also submitted and describe what has been removed/added.

**Job Evaluation Checklist**

Position Description (fully completed and signed)

Other Impacted Position Descriptions (if applicable)

Official Organizational Chart

**Position Identification**

**Classification Title:** Leave field blank or propose new title if new position

**Treasury Board Secretariat Issued Position Control Number (PCN)**: Leave field blank if new position

**Name of Incumbent**: Leave field blank if new position

**Department/Entity**: Click or tap here to enter text

**Division**: Click or tap here to enter text

**Location**: Click or tap here to enter text

**Classification Title of Immediate Supervisor**: Click or tap here to enter text

**PCN of Immediate Supervisor**: Click or tap here to enter text

# Purpose of the Position (General Accountability)

Click or tap here to enter text.

# Structure (Please ensure this section coincides with the organizational chart)

Click or tap here to enter text.

# Nature and Scope

* 1. **Environment of the Position**

Click or tap here to enter text.

* 1. **Functions Performed by the Position**

Click or tap here to enter text.

* 1. **Major Challenges**

Click or tap here to enter text.

* 1. **Decision Making & Autonomy (including Dimensions)**

Click or tap here to enter text.

* 1. **Internal and External Contacts**

Click or tap here to enter text.

### Specific Accountabilities

Click or tap here to enter text.

### Working Conditions

### Physical Effort

Click or tap here to enter text.

### Physical Environment

Click or tap here to enter text.

### Sensory Attention

Click or tap here to enter text.

### Mental Stress

Click or tap here to enter text.

### Knowledge, Skills and Abilities (Optional)

Click or tap here to enter text.

1. **Approvals**

|  |  |
| --- | --- |
| Incumbent Signature(s)  Printed Name(s)  Date  I certify that this position description is an accurate description of the responsibilities assigned to the position. | Supervisor Signature  Printed Name  Date  I certify that this position description is an accurate description of the responsibilities assigned to the position. |
| Permanent Head/Delegate Signature Date  Printed name  I approve the responsibilities outlined in this position description within the context of the attached organizational structure. | |
|  | |

For Internal Use Only

|  |  |
| --- | --- |
| **Classification Title** | **PCN** |
|  |  |