

**State Fiscal Accountability Authority  
Position Description and Employee Management System (EPMS)**

**Employee Name**

**Personnel Number**

**Office Name**

**Class Code / Title / Band**

**Supervisor's Name**

**Email Address**

**Class Code / Title / Band**

*(Use "Type" only for Performance Review)*

**Action**

**Type**

**For Reclassification Only:**

**Class Code / Title / Band**

**Date: From**

**To**

***(Shaded area for HR use only)***

Agency Code: \_\_\_\_\_

FLSA Designation: \_\_\_\_\_

Position Number: \_\_\_\_\_

Class Code: \_\_\_\_\_

Authorized Date: \_\_\_\_\_

F/P Time: \_\_\_\_\_

Hours Per Week: \_\_\_\_\_

Base Hours: \_\_\_\_\_

Delegated                      New Position

State Title Changes              Update

Approved State Title

Approved Signature

Approved Date

**What are the minimum requirements for the position?** (For classified positions, must be at least as stringent as the state requirements – <http://www.state.sc.us/cgi-bin/ohr/classman2>)

**Describe the knowledge, skills and abilities needed by an employee upon entry to this job. Include any special licenses, registrations or certifications needed:**

**Describe the guidelines and supervision an employee receives in this job, including employee's independence in decision making and problem solving:**

**Additional requirements (routine driver duties, overtime requirements, physical requirements, overnight travel, weekend or night work):**

**Position's Supervisory Responsibilities:**

List the class titles and number of the 3 highest level subordinate position(s) reporting directly to this position:

1		
2		
3		

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**Job Purpose**

Use the space below to describe the job purpose. The job purpose is a clear, concise statement of the reason.

**Job Duties**

Write the job duties in the spaces below. Determine the percentage of time that the incumbent would normally spend on this job duty and determine if the duty is essential or marginal (see link for instructions for determining if duty is essential or marginal). At the end of the performance review period, complete the comments section by describing the results that the employee achieved during the performance period. **(Please note: Percentage of time must add up to 100%)**

**1. Job Duty:**

<b>% of Time</b>	<b>Essential / Marginal</b>

**Comments:**

2. Job Duty:

% of Time	Essential / Marginal

Comments:

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3. Job Duty:

% of Time	Essential / Marginal

Comments:

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4. Job Duty:

% of Time	Essential / Marginal

Comments:

5. Job Duty:

% of Time	Essential / Marginal

Comments:

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6. Job Duty:

% of Time	Essential / Marginal

Comments:

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7. Job Duty:

% of Time	Essential / Marginal

Comments:

**8. Job Duty:**

% of Time	Essential / Marginal

**Comments:**

**Special Projects / Objectives (Optional)**

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**1. Objective:**

**2. Objective:**

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*My signature indicates that I have discussed this position description and my performance expectations with my supervisor.*

**THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE AGENCY. THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE AGENCY RESERVES THE RIGHT TO REVISE THE CONTENTS OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.**

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**Summary of Performance Appraisal**

**Employee Name:**

**Personnel Number:**

**Summary of employee's strengths and accomplishments for the performance period:**

**Opportunity for growth or improvement for next period:**

**OVERALL APPRAISAL RESULTS:**

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*My signature indicates that I have discussed this performance appraisal with my supervisor.*

*\*If you would like to submit employee comments, please attach a separate page.*

**TOTAL % OF TIME ALLOCATED:**

**REGARDING THIS FORM:**

1. If the percentages of time you entered for job duties do not add up to 100, you will be unable to submit the form. You will need to review the totals assigned to the related job duties and adjust as needed.
2. When saving the EPMS form, rename the form (EPMS\_name) by inserting the employee's name after EPMS\_. For example: EPMS\_JoeSmith. This will make it easier for you to find the form for this employee if you need to access it in the future.
3. After clicking the submit button and saving the form, you should see a box referring to sending email. Select the default option, to use Microsoft Outlook and click "Continue." An Outlook window should appear with the fields already completed. Simply click send to forward the email to Human Resources. This will complete the EPMS submission process.
4. Please note that Javascript must be enabled on your Adobe software for this form to work properly.