



Episcopal Diocese of Newark JOB DESCRIPTION

MANAGEMENT & STAFF POSITIONS

POSITION TITLE:	DEPARTMENT:	REPORTS TO (TITLE):
DATE LAST UPDATED		COST CENTER(S):

This form can be completed on-line.

A copy of this form should be retained by the employee's supervisor, a copy should be given to the employee, and a copy should be sent to the Finance Department for the permanent file.

JOB SUMMARY
Briefly summarize the purpose of the job in two or three brief sentences.

REQUIRED EXPERIENCE
What prior experience is essential for this position? Indicate the minimum of years of experience and type of experience.

CERTIFICATION / LICENSURE (if applicable)		
What certifications/licenses are required by law or preference to perform the position? If any are needed by policy, (not by law) please specify this.		
Certification/License/Registration	Place an X in the appropriate box.	
	Legally Required	Policy Requirement
	Legally Required	Policy Requirement

EDUCATION REQUIREMENTS					
Indicate the highest level of formal education and and/or specialized training required and preferred to perform this position's accountabilities successfully. Also list fields of study or majors that are required and preferred .					
Degree/Diploma:	X the appropriate box		Major Fields of Study	X the appropriate box	
	Required	Preferred		Required	Preferred
	Required	Preferred		Required	Preferred

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Responsibilities	Est. % of Workload
List the key functions/tasks/responsibilities associated with this position	

SPECIALIZED SKILLS		
List skills that are required or preferred for this position (e.g., leadership, financial, pastoral, specialized, clerical, etc.)		
Skills	X the appropriate box	
	Required	Preferred
	Required	Preferred
	Required	Preferred
	Required	Preferred
	Required	Preferred
	Required	Preferred

COMPUTER/SOFTWARE SKILLS		
List computer/software skills essential or preferred, e.g., Microsoft Office Suite, PC, accounting software.		
Skills or Equipment	X the appropriate box	
	Required	Preferred
	Required	Preferred
	Required	Preferred

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TECHNICAL/EQUIPMENT SKILLS AND PHYSICAL REQUIREMENTS		
Skills or Equipment	X the appropriate box	
	Required	Preferred
	Required	Preferred
	Required	Preferred

DECISION MAKING
Give examples of the types of important & complex decisions or judgments that this position may be required to make

CUSTOMER SERVICE
Give examples of the types of customer service requirements/expectations that this position may be required to make

REPORTING RESPONSIBILITIES	
List the classifications of the employees reporting directly to this position, if appropriate, as well as the number of employees in each of the classifications listed.	
Classification	# Of Employees
TOTAL NUMBER OF EMPLOYEES (Direct/Indirect)	
Indicate the total number of employees who report to this position, both directly and indirectly (i.e., through direct reports if applicable)	

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FINANCIAL RESPONSIBILITIES

If the position is directly responsible for an operating or grant budget, please indicate the annual amount below. If not directly responsible, please write "Not Applicable". When a position has multiple incumbents use a dollar range. For example, Operating Budget: \$200,000 - \$400,000.

OPERATING BUDGET: \$	
GRANT BUDGET: \$	
OPERATING REVENUE: \$	

APPROVALS

Department Head:	Date:
Administrator	Date:
Bishop of Newark	Date: