

Prepared by the Personnel Management Office.  
This is a new Administrative Procedure.

July 1982

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RECRUITMENT, SELECTION AND APPOINTMENTS

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A9.660 CIVIL SERVICE TYPE POSITIONS FOR FEDERALLY FUNDED  
PROJECTS

1. Purpose. To provide temporary civil service type positions for federally funded projects in accordance with Section 76-31b Temporary Limited Appointments and Section 76-16(12) Exemption of Positions from Civil Service, HRS.
2. Objective. The objective of this instruction is to establish procedures for providing civil service type support services for federally funded projects.
3. Applicability/Responsibility. These procedures are applicable to employing departments with federal funds seeking civil service support services. It is the responsibility of the employing department to submit appropriate forms as required in Procedures below.
4. Guidelines/Types of Services.
  - a. Short term (less than one year-usually four to six months): Limited pool of permanent employees or vacant position available for short term assignments from the University Personnel Office. Paid for from project funds. (WAE Positions "When Actually Employed").
  - b. Temporary-long term (one year or more-unlimited extensions): This the normal method of acquiring services for contracts and grants. It involves the establishment of temporary civil service positions. The initial appointment can be for the full project period (for example five years); however, extensions will be on a year by year basis.
  - c. Civil Service Exempt: In cases where federally funded, special, research or demonstration projects are specifically approved by the Governor, civil service exempt positions may be established upon approval of the State Director of Personnel Services. Employees may be appointed to these positions outside of civil service procedures and do not gain permanent status.

They may be reappointed indefinitely.

5. Procedures for Obtaining Service.
  - a. Establishing Positions:
    - 1) Item 4.a. (short term). Positions need not be established.
    - 2) Item 4.b. Submit one set of SF-1, one set (one pink and five white) of DPS 206, two copies of DPS 219 (Attachment A) and six copies of the narrative position description and three copies of official organizational chart to the University Personnel Office through the Chancellor's Office or senior Universitywide Administrator. (See Administrative Procedure A9.300 for instructions.)
    - 3) Item 4.c. Submit single copy of Form SF-1 and five copies of DPS 150 to the University Personnel Office, Classification and Pay Section, through the Chancellor's Office or senior University Administrator.
  - b. Obtaining Services: For services under item 4.a., submit UH Form 14 (PERS) to the University Personnel Office, Civil Service Section (Attachment C). To obtain services for all other appointments, submit UH Form 13 (PERS) (Attachment D). For services under item 4.b. and c., positions must be established before submitting UH Form 14.
6. Employee Benefits. Employees will be eligible for all normal fringe benefits with the exception of the following:
  - a. Temporary appointments outside of list (temporary appointments which are authorized when there is no civil service eligible list). Appointees will not earn vacation credits.
  - b. Appointments which are three months or less do not qualify employees for enrollment in the retirement system.
  - c. Appointments which are less than three months do not qualify for health fund benefits.

# REQUEST FOR POSITION ACTION

A9.660

REQUESTING DEPARTMENT:

ATTACHMENT A

1. TYPE OF ACTION REQUESTED

1. ESTABLISHMENT OF NEW POSITION

2. REDESCRIPTION OF POSITION FOR REVIEW

3. FILLING OF ESTABLISHED POSITION VACANCY

4. NOTICE OF ABOLISHMENT OF POSITION

A. ADDITIONAL - IDENTICAL TO POSITION NO. \_\_\_\_\_

B. VICE - POSITION NO. \_\_\_\_\_

2. TYPE OF POSITION

1. PERMANENT

2. TEMPORARY NTE \_\_\_\_\_

3. TEMPORARY TO PERMANENT

3. POSITION CONTROL

1. WITHIN AUTHORIZED CEILING

2. BEYOND AUTHORIZED CEILING

3. NO CEILING

4. FUNDS AVAILABLE

1. GENERAL

2. SPECIAL

3. FED. DIRECT

4. FED. INDIRECT

5. \_\_\_\_\_

6. \_\_\_\_\_

Indicate Details in Space Provided for Justification

5. POS. NO.	6. POSITION TITLE	7. CLASS CODE	8. SR STEP	9. B.U.	10. ORGANIZATION CODE
12. APPROPRIATION	13. PERCENT	14. TIME AUTH.	12. APPROPRIATION	13. PERCENT	14. TIME AUTH.

JUSTIFICATION FOR ABOVE REQUESTED ACTION (Attach additional sheets if more space is required)

\_\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE OF DEPARTMENT HEAD

APPROVED  DISAPPROVED  RECOMMENDATIONS:

\_\_\_\_\_ DATE \_\_\_\_\_ DIRECTOR, DEPARTMENT OF BUDGET AND FINANCE

APPROVED  DISAPPROVED  REMARKS:

\_\_\_\_\_ DATE \_\_\_\_\_ GOVERNOR, STATE OF HAWAII

REMARKS:

\_\_\_\_\_ DATE \_\_\_\_\_ DIRECTOR, DEPARTMENT OF PERSONNEL SERVICES

DPS 206  
Rev. 9/1/66

Date Received, DPS

**STATE OF HAWAII**  
**DEPARTMENT OF PERSONNEL SERVICES**  
**POSITION CLASSIFICATION FORM**

1. POSITION NO. \_\_\_\_\_  
2. TYPE OF POSITION:  
A. Permanent  
B. Temporary  
C. Full-time  
D. Part-time

<p>3. Present Class Title, Salary Range</p> <hr/> <p>4. Name of Incumbent</p> <hr/> <p>5. Geographic Location</p> <hr/> <p>6. Organizational Location:</p> <p>A. Department</p> <hr/> <p>B. Division</p> <hr/> <p>C. Branch or Office</p> <hr/> <p>D. Section</p> <hr/> <p>E. Unit</p> <hr/> <p>7. Recommended Class Title, Salary Range</p>	<p>8. Reason for Submittal:</p> <p>A. <input type="checkbox"/> Initial Allocation</p> <p style="padding-left: 20px;">1. <input type="checkbox"/> Replaces Position No. _____</p> <p style="padding-left: 20px;">2. <input type="checkbox"/> Additional and Identical To Pos. No. _____</p> <p>B. <input type="checkbox"/> Reallocation</p> <p>C. <input type="checkbox"/> Other Reason (Specify)</p> <hr/> <p>9. "I certify that the attached is a complete and accurate description of the duties and responsibilities of this position."</p> <hr/> <p>A. Signature of Employee _____ Date _____</p> <hr/> <p>B. Signature of Supervisor _____ Date _____</p> <hr/> <p>C. Signature of Division Chief _____ Date _____</p> <hr/> <p>D. Signature of Department Director _____ Date _____</p>
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10. Assigned Duties and Responsibilities:

Complete and attach a description of the duties and responsibilities assigned the position.

CLASSIFICATION ACTION TAKEN	
Class Title, Series Code and Salary Range.	Effective Date*

\_\_\_\_\_  
Classifier

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Personnel Services

\_\_\_\_\_  
Date

\*This effective date applies only to the classification of the position. The incumbent, if any, must meet the qualifications now applicable to the position prior to effectuation of any payroll change. Should there be an incumbent, therefore, the originating department must submit the proper forms for approval of the qualifications of the incumbent within 10 days. In the event there has been a change of incumbent subsequent to the effective date for the classification action, the originating department should also determine whether the same duties and responsibilities have been assigned as when the description was submitted before requesting approval of the qualifications of a later incumbent.

**INSTRUCTIONS FOR COMPLETING  
POSITION CLASSIFICATION FORM DPS 206**

After carefully reading the following instructions, complete items 1-10 of the Position Classification Form DPS 206. Then read over the form to insure that all items are fully and accurately completed. Five copies of the form must be submitted to the Department of Personnel Services. Separation of the set will be by the Department of Personnel Services.

**Item 1. POSITION NUMBER**

Enter the assigned number if it is an existing position. If the position is new, the Department of Personnel Services will assign a number.

**Item 2. TYPE OF POSITION**

- Check PERMANENT if the position is not limited to one year or less; or
- Check TEMPORARY if the position has a time limitation of one year or less.
- Check FULL-TIME if the position is established for a 40-hour work week; or
- Check PART-TIME if the position is established for less than a 40-hour work week.

**Item 3. PRESENT CLASS AND SALARY RANGE**

Enter the present official classification title and salary range of the position. If the position is new, write NEW.

**Item 4. NAME OF INCUMBENT**

Enter the name of the incumbent of this position. If the position is vacant, write VACANT.

**Item 5. GEOGRAPHIC LOCATION**

Enter the name of the city or town and island where the position is physically located.

**Item 6. ORGANIZATIONAL LOCATION**

Self explanatory.

**Item 7. RECOMMENDED CLASS AND SALARY RANGE**

Please use an official classification title unless it appears that no existing class is applicable, in which case enter your suggested title and salary range.

**Item 8. REASON FOR SUBMITTAL**

- Check box "a" if the position is new. If applicable, complete 1 or 2.
- Check box "b" if the position is an existing one for which a review of changes in duties and responsibilities is requested.
- Check box "c" if either of the above two reasons do not apply. Specify the reason in the space provided. Other reasons include "Implementation of Reorganization," "Request by DPS" or "Annual Review of Positions," etc.

**Item 9. CERTIFICATION**

The form must be signed by those indicated, except for an employee signature when the position is vacant. The certification if found to be false may be cause for punitive action.

**Item 10. ASSIGNED DUTIES AND RESPONSIBILITIES**

Before completing this item, read **Guide for Writing a Position Description** (DPS 211, 7-66). In accordance with the **Guide**, prepare 5 copies of the statement of duties and responsibilities assigned the position on 8½" x 11" bond paper. Attach the original copy of the description to the POSITION CLASSIFICATION FORM and forward to the Department of Personnel Services. Retain the other copies for intra-departmental distribution.

**NOTE:** Notification of "Original Action" taken on a request will be by this form. Notification of any subsequent action taken on the request will be by letter.

DEPARTMENT OF PERSONNEL SERVICES  
STATE OF HAWAII

DPS 219  
(Rev 3/79)

POSITION EVALUATION FORM

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

1. CHECK ONE:

( ) New      ( ) Existing: \_\_\_\_\_  
(Pos. No., Title, Pay Range, BU)

2. ORGANIZATION: \_\_\_\_\_  
(Branch, Division, Department)

3. RECOMMENDED ACTION: \_\_\_\_\_  
(Title, Pay Range, BU)

4. JUSTIFICATION FOR RECOMMENDED ACTION:

If position is new, cite those pertinent duties and responsibilities which substantiate the recommendation.

If position is an existing one, summarize any changes in duties and responsibilities including any deletions, and cite those pertinent duties and responsibilities which substantiate the recommendation. In the event there has been a reassignment of duties and responsibilities between positions, describe the reassignment and cite the reference position (s).

I certify that the position as described is not contrary to the approved organization or functional statements:

\_\_\_\_\_  
Authorized Personnel or Administrative Officer or Specialist

## GUIDE FOR WRITING POSITION DESCRIPTIONS

A position description is an official, written narrative of the major duties, responsibilities and organizational relationships of a position. The information it provides is of prime importance in determining the position's classification, which in turn determines the position's minimum qualification requirements and pay range. A position description must therefore be current, accurate and sufficiently complete for classification purposes; i.e., it must be an accurate accounting of the actual duties and responsibilities of the position, consistent with the approved functions and organization of the program, and in sufficient detail and clarity for determining proper classification.

A position description should be thoughtfully prepared and be written in a format and style which aid understanding. Abbreviations, form numbers, special terms and ambiguous terms (e.g., "assist", "prepare", "handle", "review", "research", "supervise", etc.) should not be used unless explained in the narrative.

The following outline should be used as a guide in preparing a position description.

## I. INTRODUCTION

Describe in a few short sentences the organizational location of the position, the functions of the organization, and the purpose and primary function of the position.

## II. MAJOR DUTIES AND RESPONSIBILITIES

Describe each major duty and responsibility in a separate paragraph. A major duty or responsibility is one which (1) is a key indicator of the nature of work, (2) substantiates the need for a specific, essential qualification, and (3) requires a significant portion (at least 5%) of the work time. The order of paragraphs should facilitate an understanding of the position and therefore may be arranged in descending order of importance, in the order of work sequence or any other manner which will achieve that end.

The work should be described as concisely as possible, but of greater importance is the need for clarity of content by inclusion of sufficient, relevant detail, using examples if necessary, and appropriate choice of words in describing what and how work is performed. Indicate the guidelines used or instructions received, and the authority to make decisions, commitments or recommendations. Indicate the originality required, and the purpose and nature of interpersonal work relationships if they exceed the typical work situation and/or are unusually demanding. Indicate the major tools and/or equipment used in the work.

In describing supervisory functions (e.g., planning, organizing, assigning and directing work, evaluating performance, etc.), indicate how they are performed. Identify subordinate positions by incumbent's name, position number and class title.

The approximate percentage of time spent in carrying out each major duty and responsibility must be posted alongside each paragraph. The total should not exceed 100%.

Describe any unique or special features of the physical environment and their effect on the work, including the use or application of equipment, tools, procedures, regulations, and so forth.

III. CONTROLS OVER THE POSITION

Identify the supervisor of the position by name, position number and class title. Describe the guidance and instruction received from the supervisor, and the kinds of problems on which the supervisor's assistance is required or requested. Also, describe the extent of the supervisor's review of work.

List the applicable policy and procedural guides used in the work, such as manuals, handbooks, instruction sheets and precedent materials.

IV. QUALIFICATION REQUIREMENTS OF THE WORK

Specify the knowledges, skills and abilities required to perform the work of the position, including the need for specific agility or dexterity or any other special physical abilities.

Indicate the education, training and experience normally associated with acquiring the required knowledges, skills and abilities. Also indicate any legally required license, certificate or permit needed to perform the work of the position.



POSITION REVIEW FOR CIVIL SERVICE EXEMPTION

PART I - Request by the Employing Agency

- 1. Action requested: A. ( ) Initial exemption  
B. ( ) Continuance of exemption  
C. ( ) Review of job changes
- 2. Department of \_\_\_\_\_ Division or Office \_\_\_\_\_
- 3. Position No. \_\_\_\_\_ Incumbent: \_\_\_\_\_
- 4. Present Class Title, Pay Range, Pay Rate and B.U. Code:  
\_\_\_\_\_
- 5. Suggested Class Title, Pay Range, Pay Rate and B.U. Code:  
\_\_\_\_\_
- 6. Duration of Position: \_\_\_\_\_ Hours Per Work Week: \_\_\_\_\_
- 7. Description of Position: (Use attachment)
  - A. Organizational location and functions
  - B. Duties and responsibilities
  - C. Supervision received
  - D. Supervision exercised
  - E. Minimum requirements
- 8. Legal Authority for Exemption: HRS 76-16 ( ) \_\_\_\_\_
- 9. Supporting Data for Exemption: (Use attachment)  
Pertinent facts to support the exemption under the law cited in item 8 above.

\_\_\_\_\_  
Director Date

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PART II - Determination by the Department of Personnel Services

- 1. ( ) Exemption approved; assigned Position No. \_\_\_\_\_  
Duration of exemption: NTE \_\_\_\_\_  
or [ ] until a civil service position is established, whichever occurs sooner  
Class Title, Class Code, Pay Range, B.U. Code:  
\_\_\_\_\_
- 2. ( ) Exemption disapproved \_\_\_\_\_  
( ) Submit within 30 days DPS 206 and 219 to establish civil service position.

\_\_\_\_\_  
Director Date

## POSITION REVIEW FOR CIVIL SERVICE EXEMPTION - FORM INSTRUCTIONS

## 1. Action Requested:

- Check "A" for the exemption of new position
- Check "B" for continuing the exemption of an existing exempt position
- Check "C" for job changes of an existing exempt position which may affect the class title, pay range, pay rate, class code and B.U. designation
- Check "B" and "C" if both apply

## 2. Department and Division or Office:

Indicate the official names of the appropriate organization units.

## 3. Position No. and Incumbent:

If for a new position (A of Item 1), leave blank. For an existing exempt position (B or C of item 1), enter the assigned number. For both responses, if more than one position is involved, show the number of positions (e.g., 4 positions). Provide the name of the incumbent if there is one and if not, indicate "vacant," and if more than 1 position and incumbent, provide these on an attachment.

## 4. Present Class Title, Pay Range, Pay Rate and B.U. Code:

For an existing exempt position (B or C of item 1), enter the appropriate information. The pay rate to be reported is the monthly or hourly rate of pay. For a new position (A of item 1) indicate "new," and in an attachment, explain the basis or reason for the rate selected.

## 5. Suggested Class Title, Pay Range, Pay Rate and B.U. Code:

For a new position (A of item 1) and for an existing position (C of item 1), provide the appropriate information. The pay rate to be reported is the monthly or hourly rate of pay.

## 6. Duration of the Position:

If the position is within the position ceiling for the department, indicate "indefinite." If the position is not within the position ceiling, indicate the period of time for which the position is funded or to provide services; e.g. 1 year from July 1, 1980 - June 30, 1981.

## 7. Description of Position:

In the attachment for this item, answer to:

- A. Organizational location and functions - state the function of the organizational component in which the position is located and the function of the unit and the position
- B. Duties and responsibilities - describe the major duties and responsibilities and indicate the percentage of time spent in each
- C. Supervision received - include the title and position number of the position's supervisor
- D. Supervision exercised - describe the supervisory duties and give the percentage of time in each. List the title and position number of the subordinate position(s). If none, so indicate.

E. Minimum requirements - give the knowledge and skills, experience and education and other requirements considered necessary for entrance to the job

8. Legal Authority for Exemption:

Insert the specific subsection of the Hawaii Revised Statutes Section 76-16 through which the exemption of the position is requested. For an exemption under Subsection 76-16(17), indicate also the specific law which exempts the position. (See the DPS April 16, 1980 memo, Exemption of Positions from Civil Service, and subsequent communications on this subject.)

9. Supporting Data for Exemption:

Describe the work conditions, hours, duration, duties and responsibilities and/or other pertinent facts of the job to warrant exemption of the job under the provision of law cited in item 8.

UNIVERSITY OF HAWAII  
HONOLULU, HAWAII

DATE \_\_\_\_\_

Part I

TO: Personnel Office

This is to request the assignment of a \_\_\_\_\_  
(Class Title & SR)  
from the qualified "WAE" civil service list. The reason for this  
request is:

It is estimated that the requested assignment will be for an average of  
\_\_\_\_ hours per day for the period beginning \_\_\_\_\_ & ending  
\_\_\_\_; total duration of \_\_\_\_\_ calendar days. Funds are  
available to pay the salary and leave accruals of this employee in  
account No. \_\_\_\_\_.

Requested by \_\_\_\_\_

Dept/Division \_\_\_\_\_

Ext. \_\_\_\_\_

Part II

Employee Available \_\_\_\_\_  
(Name and Class Title)

Date Employed \_\_\_\_\_ Termination Date \_\_\_\_\_

Request Approved \_\_\_\_\_  
(Director of Personnel)

Prepare in triplicate and fill in Part I only.

Submit three copies; one copy will be returned to you later.

REQUEST FOR FILLING A CIVIL SERVICE POSITION

Department \_\_\_\_\_

Division \_\_\_\_\_

Location of Position \_\_\_\_\_  
(district, city, and island)

Type of Appointment \_\_\_\_\_  
(Permanent or temporary--if temporary, state termination date)

Date Position to be filled \_\_\_\_\_

Date of SF-1 Approval \_\_\_\_\_

Class title, SR, and position no. \_\_\_\_\_

Replacing \_\_\_\_\_  
(or new position)

Account Code \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Dean or Director