

**ONONDAGA COUNTY DEPARTMENT OF PERSONNEL**  
**New Position Duties Statement**

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Civil Service Law, Section 22: Before any new position in the service of a civil division shall be created or any existing position in such service shall be reclassified, the proposal therefor, including a statement of the duties of the position, shall be referred proposal therefore, including a statement of the duties of the position, shall be referred to the municipal commission having jurisdiction and such commission shall furnish a certificate stating the appropriate civil service title for the proposed position or the position to be reclassified. Any such new position shall be created or any such existing position reclassified only with the title approved and certified by the commission. Effective August 29, 1978.

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The appointing authority requesting the creating of a new position must complete this statement per instructions (attach additional information if necessary).

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DEPARTMENT

DIVISION

LOCATION

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1. Typical Work Activities  
% of Time

Duties

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2. Full Performance, Knowledges, Skills, Abilities and Personal Characteristics

3. Minimum Qualifications

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4. Special Requirement(s)

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5. Name(s) and Title(s) of Supervisor(s). Type of Supervision (Admin, General, Direct)

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6. Name(s) and Title(s) Supervised by This Position. Type of Supv. (Admin, General, Direct)

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7. Name(s) and Title(s) of Persons performing similar work.

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8. Certification by Appointing Authority: The above statements are accurate and complete.

Date: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_

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9. The Onondaga County Department of Personnel certifies the appropriate civil service title for the position described above as:

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In accordance with Rule XVIII of the Onondaga County Rules for Classified Service, the Onondaga County Department of Personnel certifies the following minimum qualifications for the position described above as:

NOTE: Appointees to this position must possess certified qualifications at time appointment unless stated otherwise.

Date: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_

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10. Legislative Action:  Approved  Disapproved

Date: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_