

# KANSAS DEPARTMENT OF CORRECTIONS

	<b>INTERNAL MANAGEMENT POLICY AND PROCEDURE</b>	<b>SECTION NUMBER</b>  02-105D	<b>PAGE NUMBER</b>  1 of 4
		<b>SUBJECT:</b>  <b>HUMAN RESOURCES: Establishment and Review of Position Descriptions</b>	
<b>Approved By:</b>   Secretary of Corrections		<b>Original Date Issued:</b> 04-29-15	<b>Replaces Version Issued:</b> N/A
		<b>CURRENT VERSION EFFECTIVE: 04-29-15</b>	

<b>APPLICABILITY:</b>	_ ADULT Operations Only	_ JUVENILE Operations Only	<input checked="" type="checkbox"/> DEPARTMENT-WIDE
-----------------------	-------------------------	----------------------------	---

## POLICY STATEMENT

An accurate and up-to-date written description of the purpose, duties, responsibilities, and essential functions shall be developed and maintained for each position in the Department. Contract service providers shall be responsible for the preparation and maintenance of position descriptions for those personnel required to fulfill the contractual obligations to the Kansas Department of Corrections. (ACO 2-1C-08, ACI 3-4326, 3-4334, NCCHC P-19)

## DEFINITIONS

**Contract Service Provider:** Any entity under a contractual agreement with the KDOC to provide direct services to offenders within KDOC custody or supervision. Such services would include, but not be limited to, medical and mental health, substance abuse, academic and vocational education, food service, and, private prison-based and private non-prison based industries. Contractors for physical plant construction, renovation, or other services, which do not require direct contact with or establish supervisory responsibilities over offenders, are not included within the scope of this definition.

**Essential Functions:** Those statutorily defined or agency determined physical activities and functions that the individual holding the position must be able to perform unaided or with the assistance of a reasonable accommodation, to the satisfaction of the appointing authority.

**Position Description:** A written description of the duties and responsibilities of a position, and the education, experience, knowledge, skills and abilities necessary to perform the duties and responsibilities of the position in a satisfactory manner. For purposes of this IMPP, the term shall include Information Technology Profile forms.

## PROCEDURES

### **I. Maintenance and Distribution of Position Descriptions**

- A. Each appointing authority shall be responsible for maintaining the integrity of the position classification program by assuring that positions in his or her facility or office are accurately classified and that position descriptions are maintained in compliance with State and Department requirements.
- B. The human resources manager of each facility shall direct and oversee the preparation and maintenance of position descriptions and essential functions for all classified and unclassified positions in the facility and for KCI positions located on site.

- C. The Human Resources Director or designee shall oversee maintenance of position descriptions, maintain the essential functions for all positions assigned to the agency, and oversee preparation and maintenance of position descriptions for Central Office, Parole and Reentry Services.
- D. Supervisors and incumbents shall be responsible for the accuracy of position descriptions and shall consult with their immediate supervisor and/or the human resources manager regarding necessary adjustments.
- E. Position descriptions shall be drafted in the format and on the form designated by the State of Kansas – Department of Administration, Office of Personnel Services (Attachment A). Each position description shall be signed by the incumbent and the immediate supervisor, reviewed and signed by the human resources manager, and approved by the appointing authority or designee.
- F. Distribution of completed position descriptions shall be the responsibility of the Human Resources Department, and shall be as follows:
  - 1. Original descriptions for Central Office, Kansas Correctional Industries, and Parole Services positions shall be maintained in the Central Office's official position file. Original descriptions for each facility's positions shall be maintained in the facility's human resources office.
  - 2. One (1) copy – Official Central Office Position File except as noted in Section II.
  - 3. One (1) copy – Incumbent.
  - 4. One (1) copy – Supervisor.
- G. Position descriptions and position description review forms shall be maintained for a minimum of three (3) years past the effective date of the next subsequent updated/revised position description.

## II. Review of Positions

- A. Each position shall be reviewed at least annually. (ACO 2-1C-08)
  - 1. Unless an updated position description is submitted, position reviews shall be documented on the Department of Corrections Position Review Form (Attachment B). It is not necessary to complete both an updated position description and a review form unless a reallocation review is requested or there will be a delay of more than one week before an updated position description will be submitted to the Human Resources Office.
    - a. If a position description is determined to be out-of-date or inaccurate, a revised position description will be drafted and submitted to the appropriate human resources official within 30 calendar days of the review. No action shall be taken to reallocate, fill, or transfer any permanent classified position for which an up-to-date and accurate position description does not exist.
    - b. The Position Review Form shall be filed and maintained with the position description in the official position file.
    - c. Except as discussed in Section II.A.2.e. all position descriptions shall be updated and submitted to Central Office at least once every three (3) years.
  - 2. With the following exceptions, positions in the Corrections Officer and Juvenile Corrections Officer series shall be reviewed in accordance with the above procedures.
    - a. To maintain broad and general position descriptions and ensure constant flexibility in making job assignments, it shall be the responsibility of the facility's human resources manager and chief of security to monitor the accuracy and acceptability of position descriptions classified as Corrections Officer I (A), Corrections Officer I (B), Corrections Officer II, Corrections Specialist I, Corrections Specialist II,

Corrections Specialist III, Juvenile Corrections Officer I, Juvenile Corrections Officer II, and Juvenile Corrections Officer III, and to initiate revisions and/or updates, as necessary.

b. For classes listed in paragraph II.A.2.a., the incumbent and immediate supervisor shall not be required to complete and sign a Position Review Form unless deemed necessary by the supervisor or appointing authority.

(1) In lieu of completing the Position Review Form, the human resources manager shall document position reviews by writing the review date and reviewer's initials in Section 16 of the Position Description form (DA 281-2) (Attachment A).

c. Position descriptions which remain accurate are not required to be updated every three (3) years. Updated position descriptions shall only be submitted to Central Office when substantial changes to the duties or the essential functions occur. A change in incumbents shall not be considered a substantial change.

d. The Department's Human Resources Director may designate other specific classes for similar treatment.

B. The supervisor and incumbent shall sign the Position Review Form in accordance with the instructions. When the position is vacant, only the supervisor's review and signature is required.

C. Review Procedures

1. At the time an employee's performance appraisal is due, the human resources manager shall send to the appropriate supervisor, a Position Review Form (Attachment B), and the performance appraisal.

a. The immediate supervisor of the employee shall ensure that the Position Review Form is completed, signed, and returned to the human resources manager along with the employee's performance appraisal.

2. The human resources manager shall review each completed Position Review Form and take action(s) necessary to assure current and accurate position descriptions are maintained.

**III. Position Descriptions for Contract Service Providers' Staff**

A. Contract service providers shall maintain position descriptions of employees providing service to KDOC and shall provide each employee a copy of his or her position description. Such position descriptions shall be available to the Division Deputy Secretary and to the appointing authority for the location to which the employee is assigned.

B. The contract service provider shall approve, review at least annually, and update, as necessary, the written job descriptions of contract service staff.

C. Contract service providers may utilize forms appropriate to their organization, agency or entity to document compliance with this procedural requirement and shall not be required to adopt the Position Description form (Attachment A) or the Position Review Form (Attachment B) referred to in this IMPP.

**NOTE:** The policy and procedures set forth herein are intended to establish directives and guidelines for staff and offenders and those entities that are contractually bound to adhere to them. They are not intended to establish State created liberty interests for employees or offenders, or an independent duty owed by the Department of Corrections to employees, offenders, or third parties. Similarly, those references to the standards of various accrediting entities as may be contained within this document are included solely to manifest the commonality of purpose and direction as shared by the content of the document and the content of the referenced standards. Any

such references within this document neither imply accredited status by a Departmental facility or organizational unit, nor indicate compliance with the standards so cited. The policy and procedures contained within this document are intended to be compliant with all applicable statutes and/or regulatory requirements of the Federal Government and the state of Kansas. This policy and procedure is not intended to establish or create new constitutional rights or to enlarge or expand upon existing constitutional rights or duties.

**REPORTS REQUIRED**

None.

**REFERENCES**

K.S.A. 75-2938  
K.A.R. 1-4-3, 1-4-4  
ACO 2-1C-08  
ACI 3-4048, 3-4326, 3-4334  
APPFS 3-3047  
NCCHC P-19

**ATTACHMENTS**

<b>Attachment</b>	<b>Title of Attachment</b>	<b>Page Total</b>
A	State of Kansas – Department of Administration, Office of Personnel Services Position Description	4 pages
B	Position Review Form	1 page

# Position Description

Read each heading carefully before proceeding. Make statements simple, brief, and complete. Be certain the form is signed. Send the original to the Office of Personnel Services.

CHECK ONE:  NEW POSITION  EXISTING POSITION

Agency  
Number

**Part 1 - Items 1 through 12 to be completed by department head or personnel office.**

1. Agency Name		9. Position No.	10. Budget Program Number		
2. Employee Name (leave blank if position vacant)			11. Present Class Title (if existing position)		
3. Division			12. Proposed Class Title		
4. Section	For Use By Personnel Office	13. Allocation			
5. Unit		14. Effective Date			
6. Location (address where employee works)		15. By	Approved		
City		County			
7. (circle appropriate time) Full time      Perm.      Inter. Part time      Temp.      %		16. Audit Date:                      By: Date:                      By:			
8. Regular hours of work: (circle appropriate time) FROM:              AM/PM To:              AM/PM			17. Audit Date:                      By: Date:                      By:		

Position  
Number

**PART II - To be completed by department head, personnel office or supervisor of the position.**

18. If this is a request to reallocate a position, briefly describe the reorganization, reassignment of work, new function added by law or other factors which changed the duties and responsibilities of the position:

19. Who is the supervisor of this position? (person who assigns work, gives directions, answers questions and is directly in charge)?

<b>Name</b>	<b>Title</b>	<b>Position Number</b>
-------------	--------------	------------------------

Who evaluates the work of an incumbent in this position?

<b>Name</b>	<b>Title</b>	<b>Position Number</b>
-------------	--------------	------------------------

20. a) How much latitude is allowed employee in completing the work? b) What kinds of instructions, methods and guidelines are given to the employee in this position to help do the work? c) State how and in what detail assignments are made.

21. Describe the work of this position using the page or one additional page only. (Use the following format for describing job duties):

**What** is the action being done (use an action verb); to **whom** or **what** is the action directed (object of action); **why** is the action being done (be brief); **how** is the action being done (be brief). For each task state: Who reviews it? How often? What is it reviewed for?

**Number Each Task and Indicate Percent of Time and Identity each function as essential or marginal by placing an E or M next to the % of time for each task.** Essential functions are the primary job duties for which the position was created and that an employee must be able to perform, with or without reasonable accommodation. A marginal function is a peripheral, incident of minimal part of the position.

No. Each Task and Indicate Percent of Time	E or M	

- 
22. a. If work involves leadership, supervisory, or management responsibilities, check the statement which best describes the position:
- Lead worker assigns, trains, schedules, oversees, or reviews work of others.
  - Plans, staffs, evaluates, and directs work of employees of a work unit.
  - Delegates authority to carry out work of a unit to subordinate supervisors or managers.

- b. List the names, class titles, and position numbers of all persons who are supervised directly by employee on this position.
- | <b>Name</b> | <b>Title</b> | <b>Position Number</b> |
|-------------|--------------|------------------------|
|-------------|--------------|------------------------|

- 
23. Which statement best describes the results of error in action or decision of this employee?
- Minimal property damage, minor injury, minor disruption of the flow of work.
  - Moderate loss of time, injury, damage or adverse impact on health and welfare of others.
  - Major program failure, major property loss, or serious injury or incapacitation.
  - Loss of life, disruption of operations of a major agency.
- Please give examples.

- 
24. For what purpose, with whom and how frequently are contacts made with the public, other employees or officials?

- 
25. What hazards, risks or discomforts exist on the job or in the work environment?

- 
26. List machines or equipment used regularly in the work of this position. Indicate the frequency with which they are used:

---

**PART III - To be completed by the department head or personnel office**

---

27. List the minimum amounts of education and experience which you believe to be necessary for an employee to begin employment in this position.

Education - General

---

Education or Training - special or professional

---

Licenses, certificates and registrations

---

Special knowledge, skills and abilities

---

Experience - length in years and kind

---

**28. SPECIAL QUALIFICATIONS**

State any additional qualifications for this position that are necessary either as a physical requirement of an incumbent on the job, a necessary special requirement, a bona fide occupational qualification (BFOQ) or other requirement that does not contradict the education and experience statement on the class specification. A special requirement must be listed here in order to obtain selective certification.

---

Signature of Employee

Date

---

Signature of Personnel Official

Date

**Approved:**

---

Signature of Supervisor

Date

---

Signature of Agency Head or  
Appointing Authority

Date

**KANSAS DEPARTMENT OF CORRECTIONS**  
**POSITION REVIEW FORM**

POSITION TITLE: \_\_\_\_\_

POSITION NUMBER: \_\_\_\_\_

SPECIFIC WORK UNIT: \_\_\_\_\_

AGENCY: \_\_\_\_\_

POSITION SUPERVISOR & TITLE: \_\_\_\_\_

DATE OF LAST UPDATE: \_\_\_\_\_

A review of the position has been completed, and:

- \_\_\_\_\_ The position description is accurate and up-to-date.
- \_\_\_\_\_ The position description is in need of revision. A revised description will be forwarded to the Human Resources Office within 30 calendar days of the date this form is signed.
- \_\_\_\_\_ The duties and responsibilities or qualifications of this position have changed significantly since the last review. A revised position description is attached and it is requested that the duties or qualifications be reviewed for reallocation to a more appropriate classification.
- \_\_\_\_\_ The essential functions associated with the position are appropriate.
- \_\_\_\_\_ The essential functions currently associated with the position are not appropriate for the duties. Recommended changes are attached for review by the Human Resources Office.

SIGNATURE OF SUPERVISOR \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE OF INCUMBENT \_\_\_\_\_

DATE: \_\_\_\_\_

THIS FORM IS TO BE COMPLETED at the time of the employee's performance review and is to be returned to the Human Resources Office along with the appropriate performance review forms. Questions regarding the use and/or completion of this form are to be directed to the agency's Human Resources Office.