

STAFF Position Description

Instructions: Complete this form for all staff positions. The form is also used to request a classification review of a currently filled position, or to update a position description with no review requested. After completion of the form, a signed copy should be given to the employee (if the position is filled), one copy forwarded to the Office of Human Resources, and the original electronic version maintained by the department. [NOTE: This form is unlocked; you will need to **Ctrl + Click** to open links.]

A. Action Requested

- Request a New position OR Fill a Vacant position (Must initiate through online recruitment)
- Initiate a Classification Review for a filled position

Requestor: <input type="checkbox"/> Employee OR <input checked="" type="checkbox"/> MPP Administrator	Name: Dan Weingarten
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- Update an existing position description (no review requested)
- New Employee/Appointment acknowledgment of the position description (no review requested)
(Employee should be given full position description within one week of start date)

B. Current Information

Name of current incumbent: (if filled)		Employee ID #:	
Or if vacant, name of previous incumbent:			
Classification Title: Perf Arts Technician	Job Code: 0840	Grade: 1	Position #: 99747241
Working Title: (optional) Theatre Stage Technician Pool		FLSA Status: Nonexempt (See link to CSU FLSA/Job Code List)	
Department ID: 10099	Department Name: Theatre		Time Base: 0.1.
Lead (Staff lead, if applicable) Name: Laurien Allmon	Classification Title: 0840	Working Title: Scene Shop Lead Technician	
MPP Administrator/Department Chair (Reports To) Name: Dan Weingarten		Working Title: Department Chair	

Please attach an org chart, if requesting a reorganization (current and proposed) (See link to [Campus Org Chart](#))

Is this a sensitive position as designated by the CSU? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (See link to Sensitive Positions Table)

C. Position Purpose (Hint: Complete Section D. first and then summarize position's purpose; typically between 2 to 5 sentences)

Please briefly describe the primary function, nature, and scope of the position.

Supports the production of theatre technical operations in stage carpentry for main stage productions and special events.

D. Major Duties

Describe each major set of responsibilities assigned to this position (typically 4 to 7) listing them in order of importance. Indicate the approximate percentage (minimum of 5% for a given major duty, with the total equaling 100%) of time spent in each area of responsibility, estimated over a year timeframe. Miscellaneous or other duties as assigned should be 5%.

Indicate duties, which are "essential functions" by checking the Essential box in the right column (15% or greater to be considered essential).

The Americans with Disabilities Act (ADA) provides that there shall not be a barrier to employment for an otherwise qualified disabled individual who is able to perform the "essential functions", which is intrinsic to the work. A function may be essential because 1) the position was established to perform the function; 2) a limited number of employees are available to perform the function; and/or 3) removing the function would fundamentally change the position. (Example: A receptionist must be able to respond to in-person, telephone and electronic inquiries).

Description of Duties	% of Time Total = 100	Essential (Minimum 15%)
Production Carpentry-fabrication, load-in, and load out	60	<input checked="" type="checkbox"/>
Oversees and coordination of labor teams to execute build schedule	15	<input checked="" type="checkbox"/>
Interpret technical drawings and make fabrication/ install plan for individual scenic elements	10	<input type="checkbox"/>
Production welding and metal work	10	<input type="checkbox"/>

		<input type="checkbox"/>
		<input type="checkbox"/>
Performs other duties as assigned. Based on production needs	5	<input type="checkbox"/>

E. Physical and Cognitive Demands; and Environmental Conditions

Check the appropriate box for each of the following items that most accurately describes the minimum extent of the specific activity performed by this position. Based on a typical workweek.

PHYSICAL DEMANDS	Greater than 50%	Less than 50%	N/A		Greater than 50%	Less than 50%	N/A		
1. Key Boarding and Mousing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12. Lifting or Carrying					
2. Repetitive Motion of upper extremities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		A. Up to 10 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
3. Hearing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		B. Up to 25 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
4. Sight	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		C. Up to 50 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Sitting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		D. Over 50 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Standing	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		13. Pushing or Pulling				
7. Walking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			A. Up to 10 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Bending (from waist or neck)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			B. Up to 25 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Climbing (Ladders, stairs or stools)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			C. Up to 50 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Stooping, Kneeling, or Squatting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			D. Over 50 lbs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Reaching	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						

ENVIRONMENTAL CONDITIONS	Greater than 50%	Less than 50%	N/A
1. Inside (Typical office environment)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Elevated Work (Raised platform/scaffold)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Extreme Temperature (hot or cold)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Outdoor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Hazards	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

OTHER Describe any additional demands/conditions or special circumstances (including special schedules) that are pertinent to the position. Help support the costume technician during the various student run productions throughout the year.

F. Equipment

List any special software and machines, tools, and equipment used on a regular basis.

Type	Purpose and Desired Results
Example A1) Lawn Mower Example B1) Microsoft Word	Example A2) Mowing grass Example B2) Create or update documents
Stationary/ Hand-held power tools/ Carpentry	Proper and safe operations for fabrication
1:1 counterweight fly system	Proper and safe operation for fabrication

G. Training and/or Licenses; and Additional Experience, Knowledge, Skills, and Abilities

(A). Training and/or Licenses: List required and preferred training, licenses or certifications. If a license is required for any position outside of the [CSU Professional License Table](#), a justification must be provided in description. *Any CSU/CSUN "Required" training will be provided after starting the appointment.

	Required	Preferred	N/A
*CSU Sexual Harassment Prevention / Title IX / Data Security Training (Required for ALL employees)	<input checked="" type="checkbox"/>		
*CSUN Procurement Card (P-Card) Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
*CSUN Defensive Driver Training and Powered Cart/Low Speed Vehicle Safety Training (if appl)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(B). Additional Experience, Knowledge, Skills, and Abilities: List additional knowledge, skills, abilities and unique experience. Human Resources will determine the minimum qualifications based on the CSU Classification Standards.

MIG welding experience, rigging knowledge and experience, and familiarity with AutoCAD preferred but not required.

H. Lead or Oversight of Other Positions Yes No (Please list below)

List positions (including Student Assistants and Volunteers) that incumbent will lead, oversee or provide direct or general work direction, if applicable. (Generally, non-MPP Staff may lead, oversee, coordinate, and provide input for hiring and evaluations to MPP Administrators. Management and supervision authority is held at the MPP Administrator level.):

Working Title (if applicable)	Classification Title	Position Number(s)

I. Changes in Position


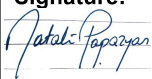
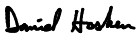
Summarize the changes (including minor updates, additions, and removals) that have been made to the position since it was last reviewed.

J. Signatures (Print, sign and date below)

EMPLOYEE (Acknowledgement of reading and receiving a copy of this job description)

Employee:	Signature:	Date:	Extension:

LEADS / MPP ADMINISTRATORS (Acknowledgement that the information is accurate)

Non-MPP Lead: (if applicable)	Signature:	Date:	Extension:
1st level MPP Administrator/Dept. Chair: (required) Dan Weingarten	Signature: 	Date: 02/08/2024	Extension: 3086
2nd level MPP Administrator: (if applicable) Natali Papazyan	Signature: 	Date: 02/13/2024	Extension: 2246
3rd level MPP Administrator: (if applicable) Dan Hosken	Signature: 	Date: 02/13/2024	Extension: 2246
4th level MPP Administrator: (if applicable)	Signature:	Date:	Extension: