



# INTERNAL MANAGEMENT POLICY & PROCEDURE

**Applicability:** ☐ Adult Operation Only ☐ JUVENILE Operations Only ☒ DEPARTMENT-WIDE

IMPP #: 02-105D

PAGE #: 1 of 4

## HUMAN RESOURCES: Establishment and Review of Position Descriptions

Original Date Issued: 04-29-15 Replaces IMPP Issued: 04-29-15 **CURRENT EFFECTIVE DATE: 09-23-25**

Approved By: , Secretary

Next Scheduled Review: 04/2028

### POLICY

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.

### 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.
- 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 of the Position Description form (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.
  - 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 (1) 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 Supervisor I, Corrections Supervisor II, Corrections Supervisor 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 15 of the Position Description form (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.

### **IV. This IMPP must serve as final policy in all departmental facilities, and no General Orders shall be developed or implemented on this subject.**

**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  
NCCHC P-19

## HISTORY

04-29-15 Original  
9-23-25 Revision 1

## ATTACHMENTS

| Attachment | Title of Attachment  | Page Total |
|------------|----------------------|------------|
| A          | Position Description | 4 pages    |
| B          | Position Review Form | 1 page     |

State of Kansas – Department of Corrections  
(Rev. 09-17)

## 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 Human Resources Office.

CHECK AS APPROPRIATE: ☐ Unclassified ☐ Classified ☐ Regular ☐ Temporary

PART I – To be completed by department head or human resources office.

|                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. Agency Name<br>Select: <input type="text"/>                                                                                                                                                                                                                                                                                                                                   |  | 8. Position Number<br><input type="text"/>                                                                                               |  |
| 2. Division<br><input type="text"/>                                                                                                                                                                                                                                                                                                                                              |  | 9. Current Title (if existing position)<br><input type="text"/>                                                                          |  |
| 3. Unit/Office<br><input type="text"/>                                                                                                                                                                                                                                                                                                                                           |  | 10. Proposed Title<br><input type="text"/>                                                                                               |  |
| 4. Name of Incumbent<br><input type="text"/>                                                                                                                                                                                                                                                                                                                                     |  | 11. Working Title<br><input type="text"/>                                                                                                |  |
| 5. Work Station Location (Subject to Change)<br>City: <input type="text"/> County: <input type="text"/>                                                                                                                                                                                                                                                                          |  | 12. Allocation<br><input type="text"/>                                                                                                   |  |
| 6. Check appropriate time:<br><input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="text"/> %                                                                                                                                                                                                                                                       |  | 13. Effective Date<br><input type="text"/>                                                                                               |  |
| 7. Regular Hours of Work<br>FROM: <input type="text"/> AM <input type="checkbox"/> PM TO: <input type="text"/> AM <input type="checkbox"/> PM<br><input type="checkbox"/> Su <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa<br>OTHER: <input type="text"/> |  | 14. FLSA Status<br>Select: <input type="text"/>                                                                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                  |  | 15. By: <input type="text"/> Approved: <input type="text"/>                                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                  |  | 16. KPER\$ Designation<br><input type="checkbox"/> Corrections A <input type="checkbox"/> Corrections B <input type="checkbox"/> Regular |  |

For use by  
Human Resources  
Department

PART II – To be completed by department head or human resources office or supervisor of the position.

17. Describe the mission, goal, and/or purpose of this position. Why does it exist?

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

| Name                 | Title                | Position Number      |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

19a. Check the statement that best describes the leadership, supervisory or management responsibilities of this position.

☐ None.

☐ Lead Worker. Plans and coordinates the work of co-workers, guiding and training them while performing the same kind and level of work a majority of the time.

☐ Supervisor. Assigns, directs, reviews and evaluates the job performance; has significant input into decisions related to hires, transfers, promotions, demotions, dismissals, and discipline of employees under his or her supervision. The majority of the work is different from that of subordinates.

☐ Manager. Integrates and coordinates the activities of several organizational functions or programs and initiates changes through subordinate supervisors or integrates and coordinates the activities of one or more programs having department-wide impact.

b. List all persons who are supervised directly by employee in this position:

| Name                 | Title                | Position Number      |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
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KDOC (Rev 04-17) – Position Description

20. Describe the work of this position using this page or one additional page only. Also note, Essential Function Form is attached.

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). Number each task and indicate percent of time an Incumbent spends or would spend performing each task:

| No. | % | Job Duties |
|-----|---|------------|
|     |   |            |

KDOC (Rev 09-17) – Position Description

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21a. How much latitude is allowed the 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:

22. What hazards, risks or discomforts exist on the job or in the work environment? Frequency of exposure?

KDOC (Rev 09-17) – Position Description

**PART III – To be completed by department head or human resources office.**

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

Required Minimum Qualifications:

Preferred Skills and/or Qualifications:

Necessary Special Qualifications, Licenses, Certifications, and/or Registrations:

|                         |      |                                                  |      |
|-------------------------|------|--------------------------------------------------|------|
| Signature of Employee   | Date | Signature of Human Resources Official            | Date |
| 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.