

Position Purpose

Briefly describe why this position exists or is needed.

--

Organizational Relationships

Please complete the organizational chart below.

This position's supervisor's manager's title:



This position's supervisor's title:



Others reporting to this position's supervisor:

		This job title		
--	--	----------------	--	--



Titles and number of employees reporting to this position:

Title:	Title:	Title:	Title:	Title:
#	#	#	#	#

Job Specifications

Please identify the specific type and amount of education and/or experience required for an individual to perform this job satisfactorily.

Education or degree required:

License/Certification required:

Job related experience required:

Job Duties and Responsibilities

Please indicate the major responsibilities for this position and the percentage of time devoted to each, then list the specific duties and tasks performed for each major responsibility.

Major responsibility:

% of time

Duties and tasks:

Major responsibility:

% of time

Duties and tasks:

Major responsibility:

% of time

Duties and tasks:

Major responsibility:

% of time

Duties and tasks:

Major responsibility:	% of time
Duties and tasks:	

Equipment, Tools, Materials Used Please list any equipment, tools, or materials used to perform this work.

Physical Requirements Please list any physical requirements for this position (i.e. must lift 25 lbs.).

Supervisory Test Please indicate whether this position has the authority to undertake a majority of the functions listed below.		
Number of employees this position directly supervises:	# of full-time employees:	# of undergraduate student employees:
Does this position have the authority to undertake or effectively recommend:		
1. Hire (interview and select applicants)	Yes	No
2. Assign work (distribute work and guide priorities)	Yes	No
3. Direct work (train, approve work, conduct performance reviews)	Yes	No
4. Reward (grant merit increases)	Yes	No
5. Promote (reclassify or upgrade)	Yes	No
6. Discipline (issue oral and written warnings)	Yes	No
7. Suspend (prohibit from working)	Yes	No
8. Discharge (terminate)	Yes	No
9. Grievances (hear and adjust grievances)	Yes	No

Authorization	
Signature of person completing form	Date:
Signature of person authorizing form	Date:

Human Resources Use Only	
Approved by:	Date:
Approved for classification title:	Approved for classification number: