



Office of Human Resources
Job Description Form

New Position

Vacancy

Functional Responsibilities Change

Employee:

Reports To:

State Title

State Job Code:

College Title:

Department:

FLSA Status:

Division:

Provide a description of the department where the position is assigned.

Provide a description of the work that is performed by the position.



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% of Time Spent (Must equal 100%)	Frequency (daily, weekly, monthly, quarterly, annually)	Description of Essential Function



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Supervisory Responsibilities: List the level of supervision received (close supervisor, works independently, plans and manages own work), then provide details.

Level of Supervision	Description of Supervision

Employees Supervised: List number of employees supervised and their job titles.

Number of Employees	Job Title

Qualifications: To perform this job, an individual must be able to successfully perform each essential duty. The requirements below should be representative of the knowledge, skills, abilities and education. Reasonable accommodations may be made to enable an individual with disabilities to perform essential functions.

	Required Knowledge, Skills and Abilities
1	
2	
3	
4	
5	



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Required Education: List educational requirements of the job.

Educational Degree	
1	
2	

Required Experience: List experience requirements of the job.

Experience Requirements	
1	
2	
3	
4	
5	



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Physical Demands of the Position: are representative of those that must be met by an employee to successfully perform the essential function of the job. Reasonable accommodations may be made to enable an individual with a disability to perform the essential functions.

Physical Demands	
1	
2	
3	
4	
5	

Work Environment Characteristics: described here are representative of those than an employee encounters while performing the essential function of the. Reasonable accommodations may be made to enable an individual with a disability to perform the essential functions.

Work Environment Characteristics	
1	
2	
3	

Prepared by: _____ Date: _____

Approved by: _____ Date: _____