

**Position Description**

Name: \_\_\_\_\_

Request for Classification – New Position

Job Title: \_\_\_\_\_

Request for Reclassification

Department: \_\_\_\_\_

Update of Position Description

Supervisor: \_\_\_\_\_

Name

Title

(HR Office Use Only)	
Current Position Title: _____	Proposed Position Title: _____
Current Position No.: _____	Proposed Position No.: _____
Position Established: _____	Change Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No
Form 613 Reference #: _____	Date Approved: _____
Audit Dates: _____	

(A) Description of your Work: List the specific tasks you perform. Explain your most important task first. Describe each task in terms of what you do, why you perform the task and how the task is performed.

% of Time	Task

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(B) List the name and Job Title of those whom you supervise.

_____	_____	_____	_____
Name	Job Title	Name	Job Title
_____	_____	_____	_____
Name	Job Title	Name	Job Title
_____	_____	_____	_____
Name	Job Title	Name	Job Title
_____	_____	_____	_____
Name	Job Title	Name	Job Title
_____	_____	_____	_____
Name	Job Title	Name	Job Title



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(I) Other position on campus in which you have experience.

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Name of Employee

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Signature of Employee

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Date

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Name of Supervisor

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Signature of Supervisor

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Date

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Name of Department Head

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Signature of Department Head

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Date