

EDINBORO UNIVERSITY OF PENNSYLVANIA
JOB DESCRIPTION FORM

Rev 8/94

1. Full Name of Employee:

2. Social Security Number:

3. Date Initiated:

Not Required

4. Division:

5. Department:

6. Present Classification Title:

7. Classification Number:

8. Hours of Work:

Work is:

Mon Tue Wed Thu Fri Sat Sun

Regular _ Full-time _

From

Temporary _ Part-time _

To

Total Hours Per Week _____

Hours for Lunch _____

Due to the nature of University work, there is a potential for 24 hour coverage.

9. List the essential functions of the position (approx. 6-10 items) with the most important first. This list does not imply that these are the only responsibilities of the position. Incumbents will follow any other appropriate instructions, and perform any other classification related duties, as may be required by their supervisor. Also list any machines or equipment used or operated on the job.

10. Qualifications/Experience - Minimum qualifications (education, knowledge, abilities, certifications, licenses, etc.) and experience (specific years, associations, relationships, supervisory, etc.) for this position.

11. Describe how this person will be supervised; describe how the work is assigned and how the supervisor reviews the work.

12. Prepare an organizational chart for the office/department. The supervisor should identify his/her supervisor and all subordinates and indicate classifications and titles. Total number of subordinates reporting to this position: _____.

NOTE: This job description must be signed by the supervisor and the classification authority prior to discussion with and signature by the employee.

13. **For the employee's immediate supervisor:** I certify this job description contains the essential functions of this position.

Signature _____ Date _____

14. **For the Classification Authority:** I certify that the essential functions of the job description are within the classification of this position.

Signature _____ Date _____

15. **For the Employee:** I certify that this job description was discussed with me by my supervisor.

Signature _____ Date _____