|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **POSITION TITLE:** |  | | | | | |
| **MUS TITLE:** |  | | | | | |
| **CLASSIFICATION:** | Choose an item. | | | | | |
| **UNION AFFILIATION:** | Choose an item. | | **FLSA STATUS:** | Choose an item. | | |
| **POSITION NUMBER:** |  | **DATE:** |  | **GRANT FUNDED:** | |  |
| **DEPARTMENT/UNIT:** |  | | | **FTE:** |  | |
| **SUPERVISOR TITLE:** |  | | | | | |

**Position Overview**

**Key responsibilities**

**Required Qualifications**

**Preferred Qualifications**

**Other Qualifications**

**Physical Demands**

Employee: I certify that I have reviewed this position description and that it is a complete and accurate description of my responsibilities and duties. I understand that while this position description encapsulates the majority of the position responsibilities, additional duties can be assigned.

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Signature Date

Supervisor: I certify that the information provided on this position description is a complete and accurate description of this position’s responsibilities and duties and that I have verified and reconciled as needed its accuracy and completeness with the incumbent employee.

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Signature Date