

JOB EVALUATION FORM

EFFECTIVE DATE: REASON: WAIVER:

JOB CODE: TYPE OF POSITION: FULL/PT:

JOB TITLE: BAND: #MONTHS: STD HRS:

DEPT: POSN: SUPV POSN:

OFFICE ADDRESS: WORK PHONE:

NO. OF POSN'S NEEDED CLASSIFIED INDICATOR: FTE:

COUNTY CODE: ACCT #:

(Attach a separate sheet for additional account numbers)

A. JOB PURPOSE:

B. JOB FUNCTIONS:

	E/N	%
1. _____	<input type="text"/>	<input type="text"/>
2. _____	<input type="text"/>	<input type="text"/>
3. _____	<input type="text"/>	<input type="text"/>
4. _____	<input type="text"/>	<input type="text"/>
5. _____	<input type="text"/>	<input type="text"/>

(Attach a separate sheet for additional job functions)

C. JOB REQUIREMENTS:

D. PREFERRED QUALIFICATIONS (in addition to above):

APPROVED BY: _____ DATE: _____

HR APPROVAL: _____ DATE: _____

CLASS/COMP APPROVAL: _____ DATE: _____

CONTACT PERSON: _____ EMP ID#: _____ PHONE: _____

HR USE ONLY:

POSN END DATE _____ REQUISITION # _____ FLSA STATUS _____

GIVEN TO C&C/R _____ NOTIFIED DEPT _____ COPY TO DEPT _____