

JOB DESCRIPTION

1. NAME OF EMPLOYEE (LAST NAME FIRST)	2. SOCIAL SECURITY NUMBER	3. REQUEST INITIATED BY <input type="checkbox"/> EMPLOYEE <input checked="" type="checkbox"/> AGENCY <input type="checkbox"/> OFFICE OF ADMINISTRATION
4. DEPARTMENT	BUREAU	DIVISION
		HEADQUARTERS

5. PRESENT CLASS TITLE	POSITION NUMBER
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6. REGULAR SCHEDULE OR HOURS OF WORK								WORK IS			
DAY →	MON	TUES	WED	THURS	FRI	SAT	SUN	<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> PERMANENT	<input type="checkbox"/> TEMPORARY
FROM								LENGTH OF LUNCH PERIOD		EXPLAIN ROTATION OF SHIFTS (IF ANY)	
TO								TOTAL HOURS PER WEEK			

7. Describe in detail the work you do, listing the most important duties first. Try to explain your work in a way that someone unfamiliar with your job can understand. (If you use machines or equipment, please list them and the approximate amount of time you use them.) Use as much additional paper (8 1/2 x 11) as you need.

CERTIFICATION:

I certify that to the best of my knowledge all statements shown above are correct.

 SIGNATURE OF EMPLOYEE

 DATE

8. Describe how you are supervised by telling how your work is assigned and how our supervisor reviews your work.

9. Prepare an organization chart and identify your supervisor and all employees whose performance rating you sign by names and class titles. If you are not a supervisor, your supervisor must complete this part and identify his supervisor and all his subordinates.

See Attached

_____ Total number subordinates reporting to you

10. Describe the kind of supervision you give the employees on the above chart by explaining the type of work assigned and the type of work review exercised. If you are not a supervisor, your supervisor must complete this part for all employees shown above.

11. FOR THE EMPLOYEE'S IMMEDIATE SUPERVISOR: Review your subordinate's statements. You may make any comments or include any information you feel is appropriate or would be helpful. Use additional paper if needed.

EMPLOYEE'S IMMEDIATE SUPERVISOR'S SIGNATURE _____ CLASS TITLE _____ DATE _____

↓ TO BE COMPLETED BY THE CLASSIFYING AUTHORITY ↓

APPROVED POSITION CLASSIFICATION

REVIEWING ANALYST'S SIGNATURE

DATE

ADDITIONAL DUTIES