

POSITION DESCRIPTION CONTINUED

If this is a request for reclassification, please list the **significant** changes in the **requirements** of this position since it was last classified. If this is a new position, list the most significant aspects of the following criteria:

1. Knowledge and Skills:

2. Responsibility:

3. Effort:

4. Working Conditions:

POSITION DESCRIPTION CONTINUED

Machines or Equipment Operated: Indicate percentage of time spent on each.

Working Conditions: Indicate the number of hours in your regular work week plus any other factors which describe the conditions under which you work.

Supervision Received: Describe how your work is reviewed by your supervisor and frequency of review.

Relationships: Indicate people inside or outside of Northern Michigan University you contact regularly as part of your job - exclude your supervisor and student employees you may supervise.

<u>Title</u>	<u>Frequency of Contact</u>	<u>Title</u>	<u>Frequency of Contact</u>
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Supervisory Responsibility: List number of student employees you supervise.

Comments: List any additional information you feel would be helpful in evaluating your job. Attach additional sheets, if necessary.

Signature _____ Date _____

DO NOT COMPLETE THE FOLLOWING. Please sign the form and forward it to your immediate supervisor for review.

TO BE COMPLETED BY SUPERVISOR

Qualifications Required: Base your comments on the assumption that the position is vacant and it is necessary to select an individual to fill it.

- 1. Minimum Education:
High school graduation or equivalent:

College level coursework (identify):

- 2. Specialized Training Programs: (In addition to formal education)

- 3. Minimum Work Experience: (Kinds and amounts of full-time work experience needed)

<u>Kinds of Experience</u>	<u>Years</u>
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- 4. Special Knowledge, Abilities or Attributes Needed:

- 5. Comments on Employee's Description of Duties: (Do not change anything written by the employee. Do not evaluate employee's performance).

Supervisor's Signature _____ Date _____
Executive or Senior
Management Member _____ Date _____

Please forward the completed form to the Human Resources Department. Rev. 1/10/01