

# JOB EVALUATION FORM



EFFECTIVE DATE:  REASON:  WAIVER:

JOB CODE:  TYPE OF POSITION:  FULL/PT:

JOB TITLE:  BAND:  MONTHS:  STD HRS:

DEPT:  POSN:  SUPV POSN:  FTE:

OFFICE ADDRESS:  WORK PHONE:

NO. POSNS NEEDED:  COUNTY CODE:  SALARY:

(Give range if exact is unknown)

CANDIDATE:  ACCT #:

(If waiving posting)

(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: _____
_____	DATE: _____
DATABASE APPROVAL: _____	DATE: _____
RECRUITMENT APPROVAL: _____	DATE: _____
CONTACT PERSON: _____	EMPLID: _____ PHONE: _____

<b>HR USE ONLY:</b>	POSN END DATE: _____	REQUISITION #: _____	FLSA STATUS: _____
	GIVEN TO REC: _____	NOTIFIED DEPT: _____	COPY TO DEPT: _____