

**JOB EVALUATION FORM**

*Paid Adjunct and Intermittent ONLY*

HIRE DATE:  REASON:  POSN TYPE:

JOB TITLE:  #MONTHS:  STD HRS:

DEPT:  EMPLOYEE CLASSIFICATION:  SALARY: \$

**JOB PURPOSE:**

**JOB FUNCTIONS:**

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

(Attach a separate sheet for additional job functions)

**JOB  
REQUIREMENTS:**

**PREFERRED  
QUALIFICATIONS:**

APPROVED BY: _____	DATE: _____
VP SIGNATURE: _____	DATE: _____
PRESIDENT SIGNATURE: _____	DATE: _____
RECRUITMENT APPROVAL: _____	DATE: _____

HR USE ONLY: FLSA STATUS: _____	NOTIFIED DEPT: _____
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