

Department: \_\_\_\_\_ Date: \_\_\_\_\_

Position Location: Building: \_\_\_\_\_ Room Number: \_\_\_\_\_

Position Title: \_\_\_\_\_ Account No: \_\_\_\_\_

Budget Position Number: \_\_\_\_\_ F.T.E.: \_\_\_\_\_

Regular: \_\_\_\_\_ Temporary: \_\_\_\_\_ Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_

Desired Effective Date: \_\_\_\_\_ If Temporary, Ending Date: \_\_\_\_\_

Working Hours: \_\_\_\_\_ Working Days: \_\_\_\_\_

Please describe briefly the essential functions of the position: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please identify the specific minimum qualifications required for the position: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Applicants will be interviewed by \_\_\_\_\_ who is located at Building \_\_\_\_\_ Room Number \_\_\_\_\_ and whose telephone no. is \_\_\_\_\_, and fax no. is \_\_\_\_\_.

### APPROVALS

\_\_\_\_\_  
Dean, Director or Department Head \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Vice President, Dean or Administrator \_\_\_\_\_ Date \_\_\_\_\_