

Position Description Change

Working Title:
Position Number:
Is this position gift or grant funded?
Percentage of gift or grant funding for this position:
Source funding:
Classification Title:
Justification of Need for Change:
Classification Level Description:
P
Supervisor Email Address:
Employment Category:
Proposed Annual Salary Range:
Salary Basis:
FLSA:

Position Summary:	
Position Supervises:	
Decision Making:	
Required Job Qualifications:	
Preferred Job Qualifications:	

Work Hours/Week:	Hourly:
Supervisor (First and Last Name):	
Job Title:	
Work Location:	
Work Location Type:	
ORG CHART: Please provide an organization chaposition falls within the department/unit. (a separa	

the position as related to others in the unit/department.

Essential Job Duties- must have at least one category (% of time must equal 100):
1)
Percentage of Time:
Description:
2)
Percentage of Time:
Description:
3)
Percentage of Time:
Description:
4)
Percentage of Time:
Description: