

# 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:

CANDIDATE:  ACCT #:   
(If waiving posting) (Give range if exact is unknown)  
(Attach a separate sheet for additional account numbers)

A. JOB PURPOSE: \_\_\_\_\_

B. JOB FUNCTIONS:	<u>E/N</u>	<u>%</u>
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:	<input type="text"/>	DATE:	<input type="text"/>
	<input type="text"/>	DATE:	<input type="text"/>
DATABASE APPROVAL:	<input type="text"/>	DATE:	<input type="text"/>
RECRUITMENT APPROVAL:	<input type="text"/>	DATE:	<input type="text"/>
CONTACT PERSON:	<input type="text"/>	EMPLID:	<input type="text"/>
		PHONE:	<input type="text"/>

  

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