

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="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)

C. JOB REQUIREMENTS:

D. PREFERRED QUALIFICATIONS (in addition to above):

APPROVED BY: _____	DATE: _____
DATABASE APPROVAL: _____	DATE: _____
RECRUITMENT APPROVAL: _____	DATE: _____
CONTACT PERSON: _____	EMPLID: _____ PHONE: _____

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