Job Description Form

Job Title	Work Team Leader?	Division/Department
	Yes No	
Location	___ part-time ____ hrs.	Date Written
	___ full-time	
Reports To		Title

Salary Grade	Salary Range	Shift

Purpose
Essential Duties
General Description
Minimum Requirements

I have reviewed this job description and have determined that it accurately reflects the position.

Work team leader signature Date Employee signature Date

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