|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Issue:** |  | **CBU:** |  |
| **Position No:**  |  | **Job Family:** |  |
| **Department:** |  | **FLSA:** |  |
| **Campus:** | UMA | **Wage Grade:**  |  |

# **Position Summary:**

# **Essential Duties:**

**Note: UMA reserves the right to change or assign additional duties as necessary.**

1. **Reporting Relationship:**
2. **Supervisory Responsibilities:**
3. **Knowledge, Skills, and Qualifications**

**Required:**

**Preferred:**

1. **Working Conditions:**
2. **Signatures:**

The signatures indicate the employee and immediate supervisor have reviewed the job description.

Employee Signature/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Immediate Supervisor Signature/Date:

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

Immediate Supervisor Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_