

6. SIGNATURES		
Employee's Statement: <i>I have reviewed and discussed the duties and responsibilities of this position with my supervisor and have received a copy of the Position Statement.</i>		
Employee's Name:		
Employee's Signature:	Date:	
Supervisor's Statement: I have reviewed the duties and responsibilities of this position and have provided a copy of the Position Statement to the employee.		
Supervisor's Name:		
Supervisor's Signature:	Date:	
7. HRSD USE ONLY		
Personnel Management Group (PMG) Approval		
<input checked="" type="checkbox"/> Duties meet class specification and allocation guidelines.	PMG Analyst initials	Date approved
<input type="checkbox"/> Exceptional allocation, 625 on file.	HV	9/29/2021
Reasonable Accommodation Unit use ONLY <i>(completed after appointment, if needed)</i> If a Reasonable Accommodation is necessary, please complete a Request for Reasonable Accommodation (DE 8421) form and submit to Human Resource Services Division (HRSD), Reasonable Accommodation Coordinator. List any Reasonable Accommodations made:		

Supervisor: After signatures are obtained, make 2 copies:

- Send a copy to HRSD (via your Attendance Clerk) to file in the employee's Official Personnel File (OPF)
- Provide a copy to the employee
- File original in the supervisor's drop file