



<b>Description of Duties:</b>	
<b>% of Time</b>	<b>Essential Functions</b>

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<b>% Of Time</b>	<b>Essential Functions</b>
<b>% Of Time</b>	<b>Marginal Functions</b>

**Supervision Received:** \_\_\_\_\_ by the (enter supervisor classification):

**Supervision Exercised: (check all that apply)**

Clerical Staff

Professional Staff

Analytical Staff

Supervisory Staff

Non-Supervisory Classification / None

Technical Staff

Managerial Staff

**Special Requirements:**

Medical Evaluation /Clearance

Typing Certificate

Valid Driver's License

Background Check / Finger Printing Clearance

Valid Professional License (please specify): \_\_\_\_\_

**Desirable Qualifications:**

**Working Conditions (Check all that apply):**

Prolonged Periods of:

Standing  Sitting  Kneeling  Bending

Travel May be Required:

Occasional  Over Night

Requires Lifting of Heavy Objects up to: \_\_\_\_\_

**Acknowledgements:**

**Human Resources Acknowledgement:** The Human Resources Division has reviewed and approved this duty statement.

Analyst Name:

Analyst Signature:

Date:

**Employee Acknowledgement:** I have discussed with my supervisor the duties of the position and have received a copy of this duty statement.

Employee Name:

Employee Signature:

Date:

**Supervisor Acknowledgement:** I certify this duty statement represents an accurate description of the essential functions of this position. I have discussed the duties of this position with the employee and provided the employee a copy of this duty statement.

Supervisor Name:

Supervisor Signature:

Date: