## **JOB EVALUATION FORM**



EFFECTIVE DATE:	REASON:		WAIVE	R:
JOB CODE:	TYPE OF POSITIO	N:	FULL/P	Γ:
JOB TITLE:	BA	AND:	MONTHS:	STD HRS:
DEPT: POSN:		SUPV POSN:		FTE:
OFFICE ADDRESS:			WORK PHONE:	
NO. POSNS NEEDED:	COUNTY CODE:		SALARY:	
CANDIDATE:		ACCT #:	(Give	range if exact is unknown)
(If waiving	posting)	(Attach a	a separate sheet for addi-	tional account numbers)
A. JOB PURPOSE: B. JOB FUNCTIONS:				<u>E/N</u> <u>%</u>
1.				
2.				_
				_
3.				
4				
5.				
C. JOB REQUIREMENTS:  D. PREFFERED QUALIFICATIONS	separate sheet for addition	al job functions)		
APPROVED BY:			D.	ATE:
_				ATE:
DATABASE APPROVAL:				ATE:
RECRUITMENT APPROVAL: CONTACT PERSON:		EMPLI		ATE:
POSN END DATE HR USE ONLY:	E: REQU	ISITION #:	FLSA STA	TUS:
GIVEN TO REC:	GIVEN TO REC: NOTIFIED DEPT:		COPY TO DEPT:	