



**GENERAL INFORMATION**

Employee Name:		Classification Code:	
Classification:		FLSA:	
Working Title:		Time Base: <b>1.0</b>	
Dept ID:	Department:	Position#:	
Employee Status:	<input type="checkbox"/> At Will <input type="checkbox"/> Interim <input type="checkbox"/> Probationary <b>(C99)</b>		Sensitive: <input type="checkbox"/> Yes <input type="checkbox"/> No
Interim/Temporary Reassignment:	Effective Date:	End Date:	Effective PD Date:

**POSITION SUMMARY**

**ESSENTIAL FUNCTIONS**

**Other Duties as Assigned**

**QUALIFICATIONS**

**Desired**