

JOB DESCRIPTION AUTHORIZATION SUMMARY

JOB TITLE (Requested): _____
 DIVISION: _____
 DEPARTMENT: _____
 CREATED/REQUESTED BY: _____
 BOARD AGENDA DATE (Requested): _____

NEW
 REVISED
 RECLASSIFICATION
 TITLE CHANGE
 OTHER

Requested Date MUST BE at least eight (8) weeks prior to submission of this form.

1. Agenda Justification/Discussion 7KH WH[W EHZRZ ZLOO EH FRSLHG DQG SDVWHG YHUEDWLP LQWR WKH %RDUG \$JHQG LWHP

2. Does this request affect multiple Divisions/Departments ? Yes _____ No

3. Reports to: _____

4. Does this request affect current employees? If "YES", please write a brief explanation. Otherwise, proceed to No. 5. Yes No

5. Does the job description replace or revise a current job description? If "YES", please continue. Otherwise, proceed to No. 6.

a. Current job description title: _____

b. The following categories have been revised:

Job Summary/Scope/Goal Certificates, Licenses, and Registrations

Performance Responsibilities Knowledge, Skills, and Abilities

Qualifications Education, Training, and Experience

Other: _____

6. Funding Source:

						New	Revised	No Change
FUND	SITE	PROJECT	FUNCTION	OBJECT	PROGRAM			

Draft/Revised Job Description Uploaded to SharePoint
 Reviewed with Compensation Services
 Organizational Chart Before & After (Attached) If applicable
 Manpower Allocation Form (Attached) If applicable

 Author/Requestor Date
 Director or Above

New Revised No Change
 New Revised No Change

 Reviewer Date
 Cabinet Level Approver

 Approval Date
 'HSXW\ 6XSHULQWb Qsine & + 5 2