

(Assessment Form)

Submit to Human Resources for Review

Classification

Classification Type
Classification Title

Department/ORG	
Reports To (Position)	
Reports To (Position) Supervision Given To	
(Position/s)	
Position Details	
- Coltion Botano	
Employee First Name	
Employee Last Name	
Employee ID	
Position Title	
Position Number	
	Essential Job Functions
Job Summary/Purpose	

Job Specific Duties	
	Qualifications
Required Qualifications	Qualifications
Required Qualifications: Education	
Experience	

Preferred Qualifications:		
Education		
Experience		
	Knowledge, Skills, and Abilities	
Knowledge, Skills and Abilities (Include Certifications)		
If this position has supervisory duties, list those you supervise		
Primary Level Supervisor		
Direct Subordinates		

Physical Demands	 Physical Demands (The nature of physical effort leading to physical fatigue)
N = Not Required R = Rarely(<2%) O = Occasional (3-33%) F = Frequent (34-66%) C = Constant (67-100%)	Standing Walking Sitting Squatting Bending Pulling Pushing Lift/Carry lbs.
	on assessment form for review by Human Resources. I believe that the changes in gnificant enough to warrant a classification review
agreement that this document re	Date ion assessment form and discussed with incumbent employee. I am in full presents significant changes in the essential functions of the position, and we desources to determine the proper classification.
Immediate Supervisor	Date
with the supervisor, I am in agre	ion assessment form with the incumbent's immediate supervisor. After discussion ement that the changes in the essential functions of this position are significant and ources to determine proper classification.
Second Level Supervisor	Date
	contained in this document, discussed this issue with the respective supervisors, and sential functions of this position are significant. Therefore, we are requesting a ensure it is properly classified.
Vice President	Date