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| TUClogo2  POSITION DESCRIPTION FORM  THE UNIVERSITY CORPORATION |

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| **Instructions to Supervisors/Managers:** This form is the official duty statement for positions. This form should be attached to requisitions for vacant positions or new positions. The form should also be provided to each new incumbent under your direction with 30 days from the date of hire. All sections of the form should be completed. The signature of the manager or supervisor authorizes the assigned duties and responsibilities. The signature of the employee indicates they have seen and read the form. | | | | | | | | | | | | | | | | | | |
| **GENERAL INFORMATION:** | | | | | | | | | | | | | | | | | | |
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| **New Position: Yes**  **No** | | | | | | | | | | | | | | | | | | |
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| **If Existing Position, filled by:** | | | | | | | | |  | | | | | | | | | |
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| **Position Title:** | | | |  | | | | | | | | | | | | | | |
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| **Name of Project or Program:** | | | | | | | |  | | | | | | | | | | |
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| **Department:** | | |  | | | | | | | | **School/Area:** | | |  | | | | |
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| **Name of Supervisor:** | | | | | | |  | | | | | | | | | **Extension:** |  | |
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| **List any special licenses, permits, or certificates that are required to perform the duties assigned to this position:** | | | | | | | | | | | | | | | | | | |
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| **List any machines, tools, equipment (including motor vehicles) that must be operated:** | | | | | | | | | | | | | | | | | | |
| Machines, etc. | | | | | | | | | | | | | How often | | | | | Estimate % of  working time |
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| **SUPERVISION:** | | | | | Name | | | | | | | | | | Classification of Position | | | |
| **Supervisor:** | |  | | | | | | | | | | | | |  | | | |
| **Subordinate Staff:** | | | | | |  | | | | | | | | |  | | | | |
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| **CONTACTS:** (Indicate most frequent and usual contacts required of the position.) | | | | | | | | | | | | | | | | | | |
| **External:** |  | | | | | | | | | | | | | | | | | |
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| **Internal:** |  | | | | | | | | | | | | | | | | | |
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| **SCOPE OF FUNCTION AND RESPONSIBILITIES:** (Give a brief general overview of the position’s primary function.) | | | | | |
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| **DUTIES AND RESPONSIBILITIES:** (List and describe in detail the specific duties and responsibilities assigned to the position.) Add additional sheets as necessary. | | | | | |
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| Estimated % or  amount of time | | Duties | | | |
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| **ADDITIONAL KNOWLEDGE, SKILLS, and EXPERIENCE:** (Note any additional knowledge, skills, experience, and education, that are required or that you think are important for this position.) | | | | | |
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| **SIGNATURES:** | | | | | |
| Please route form for appropriate signatures. Route signature copy to the Office of Human Resources. Employee and Supervisors retain copies for files. | | | | | |
| **Employee:** |  | | **Date:** | |  |
|  |  | |  | |  |
| **Supervisor:** |  | | **Date:** | |  |
|  | (Project Director or Executive Employee) | |  | |  |
|  | | | | **Date:** |  |
| Director, Research & Sponsored Projects Or  The University Corporation Director (if required) | | | |  |  |