JOB EVALUATION FORM

CLEMSON UNIVERSITY

EFFECTIVE DATE: _____ REASON: _____ WAIVER: _____

JOB CODE: _____ TYPE OF POSITION: _____ FULL/PT: _____

JOB TITLE: _____ BAND: _____ MONTHS: _____ STD HRS: _____

DEPT: _____ POSN: _____ SUPV POSN: _____ FTE: _____

OFFICE ADDRESS: _____ WORK PHONE: _____

NO. POSNS NEEDED: _____ COUNTY CODE: _____ SALARY: _____

(Give range if exact is unknown)

CANDIDATE: _____ ACCT #: _____

(If waiving posting) (Attach a separate sheet for additional account numbers)

A. JOB PURPOSE: _____

B. JOB FUNCTIONS: E/N %

1. _____ _____ _____
2. _____ _____ _____
3. _____ _____ _____
4. _____ _____ _____
5. _____ _____ _____

(Attach a separate sheet for additional job functions)

C. JOB REQUIREMENTS:

D. PREFFERED QUALIFICATIONS (in addition to above):

APPROVED BY: _____ DATE: _____

_____ DATE: _____

DATABASE APPROVAL: _____ DATE: _____

RECRUITMENT APPROVAL: _____ DATE: _____

CONTACT PERSON: _____ EMPLID: _____ PHONE: _____

HR USE ONLY: POSN END DATE: _____ REQUISITION #: _____ FLSA STATUS: _____

GIVEN TO REC: _____ NOTIFIED DEPT: _____ COPY TO DEPT: _____