



## **JOB DESCRIPTION**

To request a Position Authorization or Status Change form, please complete this document and email it to Human Resources at [hr@knox.edu](mailto:hr@knox.edu).

EMPLOYEE:	JOB TITLE:
DEPARTMENT:	POSITION NUMBER (FOR HR):
DIVISION:	FLSA CLASSIFICATION:
SUPERVISOR:	SUPERVISOR TITLE:

### **GENERAL FUNCTION:**

Briefly describe the purpose of the position in one or two sentences.

### **DUTIES AND RESPONSIBILITIES:**

Essential duties are critical to the position and must be performed daily. Marginal duties are less critical and are performed less frequently (e.g., bi-weekly, monthly, etc.). Describe what is done rather than how it is done. *Include the percentage of time spent performing each duty to total 100% Items with the largest percentage should be listed first.*

#### **Essential Duties**

#### **Marginal Duties**

**QUALIFICATIONS/COMPENTENCIES:**

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

**Required Qualifications****Preferred Qualifications****ENVIRONMENTAL DEMANDS:****Work Requirements**

Any special working conditions described here are representative of those an employee encounters while performing the essential functions of this job (e.g., working environment, hours of work, travel, work space, location, etc.)

**Physical Requirements**

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job (e.g., standing, walking, sitting, lifting, etc.)

**COMMENTS:**

Please include any additional comments regarding the position:

**ACKNOWLEDGEMENT:**

*By signing below, you are acknowledging that you have read and agree with the requirements of this job description.*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources Signature: \_\_\_\_\_ Date: \_\_\_\_\_