



Job Fact Sheet Position Identification

Department: _____ Department Code: _____

Name: _____ Classification: _____

Location: _____ Telephone Number: _____

Name and Title of Immediate Supervisor: _____

Telephone Number of Immediate Supervisor: _____

I have read this completed questionnaire and have/have not added my additional comments.

Supervisor's/Manager's Signature

Date

Dept. Chair's Signature *

Date

*** Each individual page of the Job Fact Sheet is to be initialed by the Supervisor and the Employee as confirmation of accuracy of statements.**

I have answered this questionnaire to the best of my ability and I have read my Supervisor's comments.

Employee's Signature

Date