Supervisor name: Supervisor job title: Phone Contact:

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Supervisor, please use the space below to add information you believe will enhance our consultant’s understanding of the job classification and the incumbent’s input. You may elaborate on the incumbent’s input, disagree with it, add your perspective on the job design for future effectiveness, suggest new job titles, and add any other comment you believe is relevant to the study. Please include your comments for multiple employees who are working in the same classification in your department, if applicable.

Please include what you feel are ***the most important duties and qualifications*** of this classification.

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| Job Classification Title | Employee Name | Campus and Department |
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Supervisor Signature Date

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**Employees will submit the Job Description Worksheet to their supervisor by October 19, 2018. Supervisor will complete this Supervisory Review Form and provide employees with a copy of their comments prior to submitting the final documents to Human Resources (Attn: Brenda Dixon) by October 26, 2018.**