Title of Position: ________________________________

Supervisor: ________________________________

Department: ________________________________

Phone Number: ________________________________

Briefly state the primary purpose or role of this position:

_________________________________________________________________________________________________

____________________________________________________________________________________

List major duties and responsibilities:

☐ % 1. ________________________________________________________________________________

____________________________________________________________________________________

☐ % 2. ________________________________________________________________________________

____________________________________________________________________________________

☐ % 3. ________________________________________________________________________________

____________________________________________________________________________________

☐ % 4. ________________________________________________________________________________

____________________________________________________________________________________

☐ % 5. ________________________________________________________________________________

____________________________________________________________________________________

100 %

Specific responsibilities:

Will the incumbent: YES NO

- perform any bookkeeping or accounting duties? Examples:

- handle confidential materials pertaining to sensitive personnel or business issues? Examples:

- operate any machines or equipment? Examples:

- work independently; referring only questionable cases to the Supervisor? Examples:
Qualifications:

<table>
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<tr>
<th>Not Necessary</th>
<th>Preferred</th>
<th>Essential</th>
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Previous related experience is:
If ‘essential’, explain:

Incumbent’s college major must be closely related to the position:
If ‘essential’, explain:

Based on the amount of theory and previous work experience
Required, an upperclassman is:
If ‘essential’, explain:

Working knowledge of any specialized equipment is:
If ‘essential’, explain:

Please specify minimum qualifications not identified above:

Co-op Coordinator: ____________________________ Phone: ____________________________

Is this a new co-op position:  ______ NO  ______ YES, to begin on: __________________ (Date)

This position is funded through:
________ Federal Work Study Grant
________ University Budget # ________________
________ Government Research, Contract or Grant

__________________________________________ ______________________________
Date Department Head Signature