

JOB DESCRIPTION / REQUEST FORM
SOUTH CAMPUS 200__ - 200__

POSITION TITLE: _____
ASSIGNMENT AREA: _____
NUMBER OF POSITIONS: _____ WAGE: _____
HOURS PER WEEK: _____ TERM(S) AVAILABLE: _____

MINIMUM QUALIFICATIONS:

PREFERRED QUALIFICATIONS:

RESPONSIBILITIES/DUTIES:

SUPERVISOR: _____
PHONE NUMBER: _____
OFFICE LOCATION: _____
HIRING ADMINISTRATOR: _____

CDC USE ONLY

Approved ___ Disapproved ___ Approved With Changes ___ (see below)

Comments/Changes:

CDC Representative Signature

Date