

Classification Certification

NAME:	: Last:	First:	Middle:	Department:			
Preser	nt Class Title:			Division/Section:			
Name/Title of Immediate Supervisor:				Work Address:			
Building Street Location:				Telephone Number:			
How long have you been in this job?				Regular Work Hours and Work Days:			
How long have your duties been the same?				E-mail address			
If you h	nave supervisory responsibi	lities, please list the emp	loyee names and pos	ition titles here or on tl	he reverse:		
descri abilitie	ne Employee: Please robes all the major duties, please initial each paccurately describe your gally.	s and responsibilities age of the class specif	in your job, certifi ication and sign the	cation requirements statement below.	s, and knowledg If the class spec	ge, skills cification	, and does
may b specif	mportant to remember the duties you do not perfication inaccurate. Also, and responsibilities.	orm, but are similar to	the duties you do p	erform. These extra	a duties do not n	nake the	class
-	oyee Certification: Insibilities, and requireme	-	ached class speci	fication accurately	describes the	major d	uties,
Emplo	yee Signature:			Da	ate:		
Comm	nents:						
•	rvisor Certification: nsibilities and requiremer	•	ached class speci	fication accurately	describes the	major d	uties,
Supervisor's Signature:				Date:			
Comm	nents:						
Department Head Signature:				Date:			