



## Classification Certification

NAME: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_ Department: \_\_\_\_\_  
 Present 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 have supervisory responsibilities, please list the employee names and position titles here or on the reverse:

**To The Employee:** Please read the attached class specification (job description). If the class specification accurately describes all the major duties and responsibilities in your job, certification requirements, and knowledge, skills and abilities, please initial each page of the class specification and sign the statement below. If the class specification does not accurately describe your job, please ask your supervisor for a Position Description Questionnaire and complete it thoroughly.

It is important to remember that the class specification may also describe other positions in your classification, so there may be duties you do not perform, but are similar to the duties you do perform. These extra duties do not make the class specification inaccurate. Also, the class specification is not intended to cover every single duty, but rather all of the major duties and responsibilities.

**Employee Certification:** I certify that the attached class specification accurately describes the major duties, responsibilities and requirements of my job.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Supervisor Certification:** I certify that the attached class specification accurately describes the major duties, responsibilities and requirements of this job.

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_