



Office of Scholarships and FinancialAid

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Academic Year 20_____ - 20_____

| | |
|--|-----------------------|
| Position Title: | Number of Positions: |
| Position Classification: | Suggested Pay Rate: |
| Department Name: | Telephone: |
| Department Org: | Department Fund Code: |
| Supervisor: | Supervisor's Title: |
| Administrative contact, if different from above: | |
| Job Location/Address: | |

POSITION PURPOSE/ROLE:

KEY DUTIES AND RESPONSIBILITIES:

ESSENTIAL KNOWLEDGE, SKILLS AND/OR ABILITIES:

PREFERRED KNOWLEDGE, SKILLS AND/OR ABILITIES:

PHYSICAL REQUIREMENTS/WORK ENVIRONMENT:

HOURS OF OPERATION:

ACADEMIC TERMS: _____ **SUMMER** _____ **FALL** _____ **SPRING**