



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**