

NAME \_\_\_\_\_

POSITION DESCRIPTION, Form 30 - STATE  
Commonwealth of Massachusetts

POSITION TITLE CODE

1. POSITION TITLE (STATE TITLE ONLY)

AGENCY

University of Massachusetts at Amherst

2. APPROPRIATION OR AGENCY CODE

POSITION NO.

REQUISITION NO.

SALARY

DATE PREPARED

3. GENERAL STATEMENT OF DUTIES AND RESPONSIBILITIES

4. SUPERVISION RECEIVED

5A. DIRECT REPORTING STAFF

5B. THEIR STAFF

6. DETAILED STATEMENT OF DUTIES AND RESPONSIBILITIES

Note: This form must be submitted to the Personnel Administrator for every new position title in your jurisdiction, and for any substantive change in an established position.

(over)

7. QUALIFICATIONS REQUIRED AT HIRE (List knowledges, skills, abilities)	
8. QUALIFICATIONS ACQUIRED ON JOB (list knowledges, skills, abilities)	
9. MINIMUM ENTRANCE REQUIREMENTS	
10. LICENSE AND/OR CERTIFICATION REQUIREMENTS	
REMARKS	

\_\_\_\_\_  
SIGNATURE OF APPOINTING AUTHORITY

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
AGENCY/DEPARTMENT

\_\_\_\_\_  
PREPARED BY

\_\_\_\_\_  
INITIALS OF INCUMBENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
INITIALS OF SUPERVISOR

\_\_\_\_\_  
DATE