



Gloucester County

EMPLOYEE JOB DESCRIPTION

(Civil Service Description attached)

Name of Employee (If position is not filled, leave blank):

Department:

County Job Title:

Position Requirements (Degree, License, certifications, CEU's, etc.)

Type of Work:

Full-Time Part-Time

Regular Number of Weekly Work Hours:

Employee Receives Benefits:

Yes No

Percent of Time
(If applicable)

WORK DUTIES PERFORMED

Include actual job responsibilities:

- ▶
- ▶
- ▶
- ▶
- ▶

Type of Supervision Received:

Close Limited General

Other, please explain:

Definitions:

- **Close Supervision:** Work is performed according to detailed instructions; supervision is available on short notice.
- **Limited Supervision:** Incumbent proceeds on his/her own initiative while complying with policies, practices and procedures prescribed by the supervisor.
- **General Supervision:** Work is performed independently. The incumbent seldom refers matters to supervisor except for clarification of policy.
- **Other:** If work is supervised in a manner different from all of the above, please describe briefly how work is assigned and supervised.

Does this position supervise employees?

Yes No (If yes, complete lines A through D below):

- A. Does this position supervise employees
 Occasionally (or)
 Regularly
- B. Does this position conduct performance evaluations?
 Yes No
- C. Does this position assign work to employees?
 Yes No
- D. Does this position review completed work of employees supervised?
 Yes No

ATTENTION SUPERVISORS: After the form has been completed, review the job description with the employee. After the employee has reviewed and signed the form, please submit to your Department Head.

Comments by Employee:

Certification of Employee:



I CERTIFY that I have read the entries made above and understand the details of the outlined work duties.

SIGNATURE _____ **DATE** _____

Comments by Supervisor:

Certification of Supervisor:



I CERTIFY that to the best of my knowledge this job description form has been completed in a comprehensive and accurate manner.

SIGNATURE _____ **DATE** _____

Certification of Director:



I CERTIFY that this position has undergone management and fiscal review, and has been authorized by this department.

SIGNATURE _____ **DATE** _____