

**Position Description**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title:** |  | **Name:** |  |
| **Position Number:** |  | **Pay Grade:** |  |
| **Job Code:** |  | **Reports To:** |  |
| **FLSA Status:** |  | **Division:** |  |
| **Normal Work Schedule:** | ex. 8:00am to 5:30pm |  |  |

**General Summary of Responsibilities:**

**Essential Duties of the Position:** (The tasks listed below are those that represent the majority of time spent working in this position. Management may assign additional tasks related to the work of the class as necessary.)

% TIME

SPENT DUTY

**Data Involvement:**

**Knowledge, Skills, and Abilities:**

**Supervisory and Leadership Responsibilities:**

**Decision-Making:**

**Financial Authority:**

**Involvement with Tools and Equipment:**

**Education, Experience, and Certification/License Qualifications:**

**Physical Requirements:**

**Compliance Requirements**

**Information Technology**

**Americans with Disabilities Act**

Valdosta State University is governed by the Board of Regents of the University System of Georgia, which specifically prohibits discrimination on the basis of disability. Valdosta State University is committed to complying with the goals and objectives of the Americans with Disabilities Act.

**Equal Opportunity Employer**

It is the policy of Valdosta State University to employ people of the highest quality available based on ability, experience, training, intelligence, character, and physical fitness according to the needs of the University. No applicant for employment otherwise qualified for employment will be excluded because of race, color, sex, age, religion, creed, disability or national origin. Furthermore, no employee will be denied the benefits of, or be subjected to discrimination under any program or activity conducted by Valdosta State University based on such criteria. This policy pertains to all facets of employment including promotions, upgrading, and compensation as well as layoffs, demotions, and other terminal action.

**Signatures:**

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

Immediate Supervisor’s name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reviewing Authority Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_