

MORGAN STATE UNIVERSITY
Office of Human Resources
1700 E. Cold Spring Lane
Baltimore MD 21251

POSITION DESCRIPTION FORM

1. Name of Division:	
2. Name of Department or Section:	
3. Name of Incumbent of Position:	
4. Present Classification Title:	
5. How long have you been performing the duties described below?	
6. Name and Title of Immediate Supervisor:	
I certify that the entries made below are, to the best of my knowledge, accurate and complete.	
Incumbent or Person Completing Form	
Date:	Signed:
7. Are the responses below to the questions on the Position Description Questionnaire substantially correct? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, indicate changes on a separate sheet.	
8. Are you the immediate supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, give name and title of immediate supervisor:	
Supervisor's Signature and Title	
Date:	Signed:

DESCRIPTION OF DUTIES AND RESPONSIBILITIES: (Please type; single space)

9. Main Purpose of Position:	
10. Duties & Responsibilities:	

11. Typical Decisions:

12. Outside Contacts:

13. Supervision Received:

14. Other Advice and Instructions Received:

15. Supervisory Responsibilities:

16. Comments: