

NAME _____

POSITION DESCRIPTION, Form 30 - STATE
Commonwealth of Massachusetts

POSITION TITLE CODE

1. POSITION TITLE (STATE TITLE ONLY)	AGENCY
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2. APPROPRIATION OR AGENCY CODE	POSITION NO.	REQUISITION NO.	SALARY	DATE PREPARED
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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.

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