

CITY OF CORNER BROOK
Description of Duties and Responsibilities Form

Municipality of _____

Employee's Name _____ Position Title _____

Immediate Supervisor _____ Position Title _____

Please list your duties as accurately as possible. Duties should be listed under the headings daily, weekly, monthly, quarterly, semi-annually and annually. Please use a separate sheet for further description of duties.

% of time
(approximately) **Daily**

Weekly

Monthly

Quarterly

Semi-annually

Annually

Statement of Immediate Supervisor

Comment on the statements made by the employee _____

What do you consider the most important duties of this position? _____

What qualifications do you consider the most important? _____

Have the position's duties and responsibilities changed? If yes, how have they changed? _____

Recommended effective date _____

Date _____

Employee's Signature _____

Date _____

Supervisor's Signature _____