JOB DESCRIPTION:

(Insert: FIXED OPERATIONS POSITION TITLE) 1

Department: Prepared By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reports to: Approved By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revised Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OBJECTIVE

The (Insert: Position Title) is responsible for (Insert: main duties and responsibilities). Primary objectives include {Insert: goals for the position (e.g., customer service, quality, etc.)}.

PRIMARY RESPONSIBILITIES

The (Insert: Position Title) is accountable for performing the duties and responsibilities described below. The (Insert: Position Title) also performs other duties and responsibilities as needed. The list, however, is not necessarily an exhaustive description of the duties and responsibilities associated with the job.

### Managing Business Complexity (NOTE: managers only)

### Managing Complexity (NOTE: non-managers only)

### Utilizing Fundamental Skills

**(Insert: FIXED OPERATIONS POSITION TITLE) (continued)**

PRIMARY RESPONSIBILITIES (continued)

### Producing Quality Results

### Coaching and Leadership (NOTE: managers only)

### Communicating With and Valuing Others

**(Insert: FIXED OPERATIONS POSITION TITLE) (continued)**

PRIMARY RESPONSIBILITIES (continued)

### Managing Demanding Situations

### Applying Business and Technical Knowledge

EDUCATION and EXPERIENCE

The education and experience requirements below represent the knowledge, skill, and ability required to successfully perform the duties and responsibilities.

### Education

### Experience

**(Insert: FIXED OPERATIONS POSITION TITLE) (continued)**

PHYSICAL and WORK REQUIREMENTS

The physical and work demands listed below represent the demands on the job required to perform the primary duties and responsibilities successfully. Reasonable accommodations may enable the (Insert: Position Title) to complete the primary duties and responsibilities.

### Physical

### Work

**Job Description Acknowledgment**

I have reviewed the job description for my position and understand my responsibilities.

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

Manager Signature: ­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_