



State of Colorado

TEMPORARY POSITION DESCRIPTION

Use this document for temporary positions only. PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK.

INSTRUCTIONS: Agency Code is the three-character code used by COFRS. For example, the Department of Revenue is TAA. Principal Department or equivalent means what is created by law or recognized in personnel rule.

Agency Code OAA Position Number N/A
Principal Department/Agency/University or Equivalent Department of Military & Veterans Affairs
Division or Equivalent
Work Unit or Equivalent
Work Address
Street or Box# Building and Room# City State/Zip
Requested Class Title Class Code
Anticipated Begin Date Anticipated end Date % of Time

INSTRUCTIONS: List the major job duties performed by the position. Fill in the percent of time. For purposes of the American with Disabilities Act, all job duties for this temporary position will be considered essential functions. Do not list incidental tasks.

Table with 2 columns: Percent of Time, Duty Performed

Table with 2 columns: Percent of Time, Duty Performed

<u>Percent of Time</u>	<u>Duty Performed</u>
------------------------	-----------------------

<u>Percent of Time</u>	<u>Duty Performed</u>
------------------------	-----------------------

<u>Percent of Time</u>	<u>Duty Performed</u>
------------------------	-----------------------

Reason for Request (Check one):

One time project

 Special grant

 Work load

Fill in for permanent employee who is on leave. Permanent position's number _____

Other. Please specify _____

Management Approval

As I am legally accountable for the assignment, I understand that I am responsible for the accuracy of this questionnaire. I certify that, to the best of my knowledge, this document is an accurate and complete representation of the position.

_____ Immediate Supervisor Name (Print)	_____ Work Phone	_____ Ext.
_____ Immediate Supervisor Signature	_____ Date	
_____ Next Higher Supervisor Name (Print)	_____ Work Phone	_____ Ext.
_____ Next Higher Supervisor Signature	_____ Date	
_____ Approving/Reviewing Official Name (Print)	_____ Title (Print)	
_____ Signature	_____ Date	

SEND THE ORIGINAL TO THE HUMAN RESOURCES OFFICE. KEEP A COPY.
Thank you for your time and effort in completing this document.