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| Date |  | | | | | |  | | |  | | | | | | | |
| Dept ID (OPR) | | | | |  | | | Department | | |  | | | | | | |
| Supervisor name | | | | | |  | | | | | | | Empl ID | |  | | |
| Employee name | | | | |  | | | | | | | | Empl ID | |  | | |
| Job title | | |  | | | | | | | | | | | | | | |
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| *I have reviewed the job description for accuracy and completeness. I certify that the description is an accurate statement of the major duties and responsibilities of this position and its organizational relationships.* | | | | | | | | | | | | | | | | | |
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| Supervisor | | | |  | | | | | | | | | | Date | |  | |
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| Employee | | | |  | | | | | | | | | | Date | |  | |