



DESCRIPTION OF WORK (continued):

**TO BE COMPLETED BY APPOINTING AUTHORITY**

Identify any statutory sections or applicable Public Acts upon which the position functions or pay is based.

List the names and titles of employees immediately supervised by this position.

<u>Name</u>	<u>Class Title</u>	<u>Name</u>	<u>Class Title</u>

Name and Title of Immediate Supervisor

I certify that the entries on these pages are accurate and complete.

\_\_\_\_\_  
Appointing Authority's Signature

\_\_\_\_\_  
Date

Forward completed form to the State Personnel Director, Michigan Civil Service Commission, P.O. Box 30002, Lansing, Michigan 48909.