**JOB RELATED DESIRABLE QUALIFICATION(S)**

1. **POSITION IDENTIFICATION**

|  |  |
| --- | --- |
| Position Number | Click here to enter Position Number. |
| Authorized Class Title & Job Code | Click here to enter text. |
| Organizational Location:  (Department/Division/Branch/Section) | Click here to enter text. |

1. **DESIRABLE QUALIFICATION(S)**

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| --- |
| The following job related desirable qualification(s) has been approved: |
| * Click here to enter text. * Click here to enter text. * Click here to enter text. * Click here to enter text. |

1. **DOCUMENTATION**

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| --- |
| * 1. List the major duties and/or responsibilities from the current Position Description that serve as the basis for the job related desirable qualification(s): |
| * Click here to enter text. * Click here to enter text. * Click here to enter text. * Click here to enter text. * Click here to enter text. * Click here to enter text. |
| * 1. Briefly describe how the job related desirable qualification(s) relate to the above cited duties and/or responsibilities: |
| Click here to enter text. |
| * 1. Briefly describe how the job related desirable qualification(s) is (are) related to the minimum qualification requirements for the class and/or knowledge, skills, and/or abilities associated with duties and/or responsibilities identified above: |
| Click here to enter text. |
| * 1. Cite other pertinent information supporting the identification of the job related desirable qualification(s): |
| Click here to enter text. |

**IV. DEPARTMENTAL CERTIFICATION AND APPROVAL**

I hereby certify that the information provided is accurate and the desirable qualification(s) is (are) related to the duties and responsibilities contained in the current Position Description.

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| --- | --- | --- | --- |
| DATE APPROVED | Click here to enter a date. |  | Click here to enter text. |
|  |  |  | Signature of Department Head or  Authorized Representative |