

8/11/93

**ADMINISTRATOR
POSTION DESCRIPTION
MINNESOTA STATE UNIVERSITIES**

FOR HUMAN RESOURCES OFFICE USE ONLY

Benchmark
Title: _____
Current Range: _____
Range Determination: _____
Date Range Approved: _____
PCN: _____

Employee Name: _____

University: _____ Administrative Unit: _____

Department & Program: _____

Position Title: _____ Assignment Specialty, if applicable _____

Employee Signature: _____ Date _____

Supervisor's Signature : _____ Date _____

Supervisor's Title: _____

Appropriate VP or University Designee's Signature: _____

University Designee's Title, if applicable: _____

REQUISITE QUALIFICATIONS (Enter minimum number of years of formal education and/or experience which is required for this job. Do not list preferred qualifications.)

Education:

Professional Licensure/Certification:

Experience: # of years _____

Type of experience:

Other Special Requirements:

QUALIFICATIONS FOR APPOINTMENT

A. Knowledge, skills and abilities required to perform duties and responsibilities:

B. Physical requirements (for example, lifting and carrying equipment and materials, required overnight travel):

