

JOB NUMBER \_\_\_\_\_ DATE OF JOB NUMBER \_\_\_\_\_

PAY PLAN \_\_\_\_\_ OCC CODE \_\_\_\_\_ GRADE \_\_\_\_\_

**POSITION DESCRIPTION APPROVAL**

This is a complete and accurate description of the Duties and Responsibilities of the position.

<b>Date</b>	<b>Signature of Incumbent</b>	<b>Signature &amp; Title of Immediate Supvr</b>
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This attachment to be stapled to Position Description described above.

Supervisor's certify the OF8 by signing block 20 and initialing block 23 for Annual Review.  
Ref; NJDMAVA TPR 511

When all blocks are used on OF8 , suggest you use attached form