****

**Graduate Assistant**

**POSITION INFORMATION**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Job Title** |  | | | **Incumbent** |  | | | **Position #** |  |
| **Job Code** | 909X00 | **BCAT** | 909X | **Department** |  | | | **FLSA Status** | Non-Exempt |
| **FLSA Type** | **N/A** | **Log #** |  | **FTE** |  | **Pay Grade** | 000 | **Date** |  |

**POSITION REQUISITES**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Uniform Required (Y/N)** | **N** |  | **Subject to Random Drug Testing? (Y/N)** | | **N** | **Telework Eligible? (Y/N)** | | **N** |
| **Credit Check Required (Y/N)** | **N** |  | **Offsite/Off-Hours Communication and/or Data Access Required? (Y/N)** | | | | | **N** |
| **P-Card Holder (Y/N)** | **N** |  | **Account String** |  | | | **Pos of Trust? (Y/N)** | **Y** |
| **Tuition Waiver (Y/N)** | **N** |  | **Hourly Rate:** |  | | | | |

**GENERAL SUMMARY**

|  |
| --- |
|  |

**DUTIES & RESPONSIBILITIES**

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Activity, Responsibility, or Duty *(7 lines max, but <7 is ok; each line must be no less than 5%)*** | **% Time** | **Essential Function?** |
| **1** |  |  |  |
| **2** |  |  |  |
| **3** |  |  |  |
| **4** |  |  |  |
| **5** |  |  |  |
| **6** |  |  |  |

**REQUIRED JOB SPECIFICATIONS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **EDUCATION REQUIREMENT** |  | | | | |
| **EXPERIENCE REQUIREMENT** |  | | | | |
| **CERTIFICATIONS/LICENSES** |  | | | | |
| **KNOWLEDGE, SKILLS, ABILITIES** |  | | | | |
| **ADDITIONAL REQUIREMENTS** |  | | | | |
| **TIME SPENT MOVING %** |  | **TIME SPENT STANDING %** |  | **TIME SPENT SITTING %** |  |

**SCOPE**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **IMMEDIATE SUPERVISOR** |  | | **EXTENT OF SUPERVISION RECEIVED** | |  |
| **BUDGETARY RESPONSIBILITY** | None | | | | |
| **# of FT EMPLOYEES SUPERVISED** | 0 | **Home Campus Location** | |  | |

**BENCHMARKING**

|  |  |  |  |
| --- | --- | --- | --- |
| **SURVEY TITLE** |  | **Desk Audit Done? (N or Date)** |  |

**Accessibility Statement**

**If you need this form in an additional format; please reach out to** [**Michael McLeod**](mailto:Michael.McLeod@ung.edu)**, or call 678-717-2232.**