



## State of Colorado

### TEMPORARY POSITION DESCRIPTION

Use this document for **temporary positions only**. PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK.

**INSTRUCTIONS:** Agency Code is the three-character code used by COFRS. For example, the Department of Revenue is TAA. Principal Department or equivalent means what is created by law or recognized in personnel rule.

Agency Code	OAA	Position Number	N/A
Principal Department/Agency/University or Equivalent	Department of Military & Veterans Affairs		
Division or Equivalent			
Work Unit or Equivalent			
Work Address			
	Street or Box#	Building and Room#	City State/Zip
Requested Class Title			Class Code
Anticipated Begin Date	Anticipated end Date	% of Time	

**INSTRUCTIONS:** List the major job duties performed by the position. Fill in the percent of time. For purposes of the American with Disabilities Act, all job duties for this temporary position will be considered essential functions. Do not list incidental tasks.

<u>Percent of Time</u>	<u>Duty Performed</u>

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<u>Percent of Time</u>	<u>Duty Performed</u>
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<u>Percent of Time</u>	<u>Duty Performed</u>
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**Reason for Request** (Check one):

One time project
   
  Special grant
   
  Work load

Fill in for permanent employee who is on leave. Permanent position's number \_\_\_\_\_

Other. Please specify \_\_\_\_\_

**Management Approval**

As I am legally accountable for the assignment, I understand that I am responsible for the accuracy of this questionnaire. I certify that, to the best of my knowledge, this document is an accurate and complete representation of the position.

Immediate Supervisor Name (Print)	Work Phone	Ext.
Immediate Supervisor Signature	Date	
Next Higher Supervisor Name (Print)	Work Phone	Ext.
Next Higher Supervisor Signature	Date	
Approving/Reviewing Official Name (Print)	Title (Print)	
Signature	Date	

**SEND THE ORIGINAL TO THE HUMAN RESOURCES OFFICE. KEEP A COPY.**  
**Thank you for your time and effort in completing this document.**