

DOUGLAS COUNTY CIVIL SERVICE COMMISSION

VERIFICATION OF REVIEW OF POSITION DESCRIPTION

On the _____ day of _____, 20____, _____
(Employee Name – Print)

reviewed a copy of their existing position description for _____

and the employee reviewed the duties and responsibilities of the position.

Signature of the employee below acknowledges said review of the position description and understanding of its contents.

Employee's Signature

Date

Departmental Representative Signature

Date