



Washington College
Office of Human Resources
300 Washington Avenue
Chestertown, MD 21620

Telephone: (410) 778.7260
Fax: (410) 778.7254

JOB DESCRIPTION ACKNOWLEDGEMENT FORM

I have received a copy of the job description for my position:

Position: _____

Revision Date: _____

I have reviewed this job description and I understand all my job duties and responsibilities. I am able to perform the essential functions as outlined. I understand that my job may change on a temporary or regular basis according to the needs of my location or department without it being specifically included in the job description. If I have any questions about job duties not specified on this description that I am asked to perform, I should discuss them with my immediate supervisor or a member of the Human Resources staff.

I further understand that future performance evaluations and merit increases to my pay are based on my ability to perform the duties and responsibilities outlined in this job description to the satisfaction of my immediate supervisor.

I have discussed any questions I may have had about this job description prior to signing this form.

Employee's Signature

Date

Employee's Name (please print)