#### St. Cloud State University Logo

#### ADMINISTRATOR POSITION DESCRIPTION

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| --- |
| **ADMINISTRATIVE TITLE:**  |
| **NAME OF ADMINISTRATOR:** |
| **RANGE ASSIGNMENT:** | **POSITION CONTROL NUMBER:**  |

### **POSITION PURPOSE:**

### **Signature of Employee Date .**

### **Signature of Supervisor Date .**

### **CHARACTERISTIC DUTIES AND RESPONSIBILITIES:**

ST. CLOUD STATE UNIVERSITY

POSITION DESCRIPTION

NAME OF ADMINISTRATOR:

**QUALIFICATIONS:**

**Minimum Qualifications**

Education:

Professional Licensure/Certification:

Type and Length of Experience:

Other:

**Preferred Qualifications**

Education:

Professional Licensure/Certification:

Type and Length of Experience:

Other:

**BUDGET AUTHORITY:**

**REPORTABILITY:**

**SUPERVISION:**