

CITY OF MEDFORD
STATEMENT OF GENERAL RESPONSIBILITIES

Employee's Name: Click here to enter text.	Department: Click here to enter text.	Classification: Click here to enter text.
Assignment: Click here to enter text.	Date: Click here to enter a date.	Probation: Click here to enter text.
Supervisor's Name: Click here to enter text.	Department: Click here to enter text.	Title: Click here to enter text.

VISION

We envision Medford as an outstanding community - a vibrant place for people to live, work, and play.

MISSION

Continuous Improvement ~ Customer Service

CLASSIFICATION JOB DESCRIPTION

Click here to enter text.

ASSIGNMENT SPECIFIC JOB DESCRIPTION

Click here to enter text.

PERSONAL GOALS, TASKS, AND EXPECTATIONS

Click here to enter text.

Supervisor's Signature:	Date:	Employee's Signature:	Date:
		This plan has been discussed with me. <input type="checkbox"/> Yes <input type="checkbox"/> No	

CITY OF MEDFORD
Statement of General Responsibilities (continued)

Employee's Initials

Rater's Initials