

**POSITION DESCRIPTION
EMPLOYEE AND RETIREE SERVICE CENTER
MONTGOMERY COUNTY PUBLIC SCHOOLS**

INSTRUCTION: To be completed by an employee and the supervisor when applying for disability retirement.

Name of the Agency: _____

Name of Employee: _____

Classification of Employee: _____

How long have you been performing the duties described below?

Name of the Supervisor: _____

Title of the Supervisor: _____

We certify that the entries made below are, to the best of our knowledge, complete and accurate.

Signature of Employee

Date

Signature of Supervisor

Date

Description of duties and responsibilities: (May be typed or handwritten and you may use additional sheets of paper if more space is necessary)