



# NYSPHC Fellow Job Duty Form

## SUPERVISOR DIRECTIONS

Referring to the job duty form instructions and your Host Organization's approved Fellowship Plan, please complete this form by the deadline specified by NYSPHC (one form per Fellow). Submit a signed copy via e-mail to your Fellowship Placement Coordinator with a cc: to your regional Public Consulting Group (PCG) contact. Once an electronic signature is added, the form will not allow further edits to be made.

## FELLOW INFORMATION

Name: \_\_\_\_\_ Tier: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Host Organization: \_\_\_\_\_

## FELLOWSHIP PLAN POSITION DESCRIPTION (Pull from Approved Fellowship Plan):

## DUTY 1 - (Explain/Describe Fellow Activities Required to Complete Duty 1):

**DUTY 2 - (Explain/Describe Fellow Activities Required to Complete Duty 2):**

**DUTY 3 - (Explain/Describe Fellow Activities Required to Complete Duty 3):**

**DUTY 4 - (Explain/Describe Fellow Activities Required to Complete Duty 4):**

**DUTY 5 - (Explain/Describe Fellow Activities Required to Complete Duty 5):**

Signature and date attest that job duties and activities have been reviewed. The job duty form should be reviewed **at least quarterly** or as needed as part of regular supervision meetings.

\_\_\_\_\_  
Fellow Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date