**Company Name**



Street Address

Your City, ST ZIP

**YOUR PLACE IN THE COMPANY:**  **List Position**

**YOUR LEADER:** List Position

**WHO YOU LEAD, TEACH AND SUPPORT:** List Position(s)

**HOW YOU HELP THE COMPANY SUCCEED:** List Strategic Objective

**MAIN RESULTS EXPECTED FROM YOU:**

* List
* All
* Results
* Desired

**MAIN WORK YOU DO:**

* List
* All
* Important
* Work

The information above represents the **minimum** expectations for this position.

Please feel free to exceed those expectations.