

University of Central Florida Administrative and Professional (A&P) **Position Description**

Please complete each section and ensure that all information is accurate and legible

CURRENT POSITION DATA				CHANGE/UPDATE DETAILS
Position Number	Requested Position Action New/Establishment Change/Update			To be completed ONLY if a change or update is being requested Please briefly explain the change that is being requested and attach the Justification and Org Chart.
	Job Code	Job	Title	
Current				
Proposed				
Vice Presidential Division				
College/Office		Department		
Section/Subsection		City	County	

General Responsibility (a brief statement explaining the main purpose and/or responsibility of the position):

Specific Duties (list in order of importance): Please note: The most important duties might not be the largest percentage of time Total Time Spent: %						
Essential Responsibilities – Indicate with an 'X' the responsibilities that are essential to the position.						
Other Responsibilities – Indicate with an 'X' the other responsibilities (other than the essential responsibilities) that are assigned to the position.						
Estimated Time Spent- Indicate the approximate percentage (%) (in 5% increments) of time spent on each duty. Total time spent must equal 100%.						
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A&P Position Description Form SAMPLE ONLY						

A&P Position Description Form

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Specific	uties continued (list in order of importance): Please note: The most important duties might not be the largest percentage of time	
	ponsibilities-Indicate with an 'X' the responsibilities that are essential to the position.	
Othe	Responsibilities-Indicate with an 'X' the other responsibilities (other than the essential responsibilities) that are assigned to the position \mathbf{F}_{i} (i.e., \mathbf{F}_{i}) as the transmission of the position of the posit	
	Estimated Time Spent – Indicate the approximate percentage (%) (in 5% increments) of time spent on each f wy. Total time spent must equ	al 100%.
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Policy-Making and/or Interpretation (describe the type, scope, level, and/ or interpretation of policy-making made by the position)

<u>Program Direction and Development</u> (describe the type, scope, and/or level of program direction and development made by the position)

Supervision Received (include the title and position number of the supervisor, type of supervision, and scope of supervision received)

Supervision Exercised (include the job title(s) & position number(s) and the # of OPS and students that the position directly supervises)

<u>Monetary Responsibility</u> (describe the type or level of responsibility and amount of funds for which the position is responsible, including any consequence(s) of error)

Level of Public Contact (describe the internal and external business contact made by the position, including frequency and scope)

<u>Responsibility for Confidential Data</u> (include a statement of the disclosure of data that would be prejudicial to the successful operation of the University)

Other Characteristics of Position (include a statement of unique or other important characteristics of the position)

Physical and Mental Qualification Requirements

In order of importance, list the specific physical and mental qualifications that are required to perform the essential tasks (i.e. tasks that represent the most important functions of the position) as listed under the Specific Tasks section. Examples of these qualifications are the minimum required hearing, sight, speech, stooping, bending, lifting, hand and fingers capabilities/dexterity; ability to follow written and/or oral directions and educational level, etc., if not stated in the class specifications.

- Minimum Physical Qualification Requirements of the Position
- Minimum Mental Qualification Requirements of the Position



Administrative and Professional (A&P) Position Description Signatures

Department/Division Certification

I certify that the statements above, to the best of my knowledge, accurately describe the position. I understand that intentional falsification of this document is in violation of Florida State Statutes and may result in prosecution or disciplinary action. Name of Immediate Supervisor Immediate Supervisor Signature Date # Immediate Supervisor Position Number Immediate Supervisor Job Title Name of Reviewing Authority **Reviewing Authority Signature** Date (Appropriate Director, Chairperson) Name of Reviewing Authority Date **Reviewing Authority Signature** (Appropriate Vice President, Dean, or other Administrative Officer) College/Division HR Certification I certify that I have reviewed and approve this Position Description for the requested establishment or changes. Name of HR Director or Designee HR Director or Designee Signature Date HR Compensation Certification I certify that I have reviewed and approve this Position Description for the requested establishment or changes. **Compensation Designee Signature** Effective Date Name of Compensation Designee Approval Date If employee is not able to provide an electronic signature, please only print after Supervisor, Reviewing Authority & HR Designee have provided electronic signatures. **Employee** Certification I certify that I have received and reviewed this Position Description for the position to which I am assigned. Name of Employee **Employee Signature** Date