

**UNIVERSITY OF CENTRAL FLORIDA**  
**UNIVERSITY SUPPORT PERSONNEL SYSTEM**  
**(USPS)**  
**POSITION DESCRIPTION**

CURRENT DESCRIPTION DATA			SHADED AREA TO BE COMPLETED BY HUMAN RESOURCES	
Position Number	Requested Position Action ___ Establishment ___ Update ___ Reclassification		Department Code	Position Number
	Job Code	Job Title	Approved Action	Approved Effective Date
Current:				
Proposed:				
Vice Presidential Division			Human Resources Director or Designee Signature	Date
College/Office	Dept.	Section		
Subsection	City	County		

**ASSIGNED TASKS (List in order of importance.)**

Essential Tasks - Indicate with an (X) which of the listed tasks are essential to the position.
Other Assigned Tasks - Indicate with an (X) the listed tasks (other than the essential tasks) that are also assigned to the position.
Estimated Time Spent - Indicate the approximate percent (%) of time spent on the task. (Indicate if the estimate time spent is on a weekly, monthly, or annual basis, etc.) Percentages must equal 100%.
<b>GENERAL RESPONSIBILITY:</b>   <b>SPECIFIC TASKS:</b>

**ASSIGNED TASKS (List in order of importance.)**

Essential Tasks - Indicate with an (X) which of the listed tasks are essential to the position.

Other Assigned Tasks - Indicate with an (X) the listed tasks (other than the essential tasks) that are also assigned to the position.

Estimated Time Spent - Indicate the approximate percent (%) of time spent on the task. (Indicate if the estimate time spent is on a weekly, monthly, or annual basis, etc.) Percentages must equal 100%.



**WORKING CONDITIONS AND RELATED INFORMATION**

List the class titles and position numbers under the direct and formal supervision of this position (excluding student assistants).

Describe the type of instructions or directions normally given to the employee of this position by the immediate supervisor.

**Working Hours**

a) Daily from \_\_\_\_\_ to \_\_\_\_\_

b) Total hours per week \_\_\_\_\_

c) Explain any variations in work week, split shifts, on-call status, or rotations:

Machines and equipment used regularly (indicate percentage [%] of time in the operation of each).

**KNOWLEDGE, SKILLS AND ABILITIES (KSA's) AND PHYSICAL AND MENTAL QUALIFICATIONS**

In order of importance, list specific knowledge, skills and abilities required in this position. Use additional sheets, if necessary.

In order of importance, list 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 in the assigned tasks section. Examples of these qualifications may be: hearing, sight, speech, stooping, bending, lifting, hand and fingers capabilities/dexterity; ability to follow written and/or oral directions, educational level, etc., if not listed in class specifications.

Minimum physical qualifications

Minimum mental qualifications

List any licenses, certificates, and other special requirements of this position.

The responsibilities of this position include the approval and/or processing of vendors' invoices or distribution of warrants to vendors pursuant to section 215.422, Florida Statutes. YES\_\_\_\_ NO\_\_\_\_

**CLASSIFICATION CHANGE ACTION** (Complete only if requesting classification change)

Indicate specifically how the duties of this position have changed since it was established or last reclassified. Use additional sheets if necessary.



**SIGNATURES**

I certify that I have received and reviewed this position description for the position to which I am assigned.

_____	_____	_____
Name of Employee	Signature	Date

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 State statutes and may result in prosecution or disciplinary action.

_____	_____	_____
Name of Immediate Supervisor	Supervisor Job Title	Supervisor Position #

_____	_____
Signature of Immediate Supervisor	Date

_____	_____	_____
Name of Reviewing Authority (Appropriate Vice President, Dean, Director, Chairperson or other Administrative Officer)	Signature	Date