

Specific Duties *continued* (list **in order of importance**): *Please note: The most important duties might **not** be the largest percentage of time*

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 f wy. **Total time spent must equal 100%.**

%
%
%
%
%
%
%
%
%
%
%
%
%
%
%
%
%
%
%
%
%
%

Policy-Making and/or Interpretation (describe the type, scope, level, and/ or interpretation of policy-making made by the position)

Program Direction and Development (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)

Monetary Responsibility (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)

Responsibility for Confidential Data (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

A&P Position # _____

NOTE: Only system generated digital signatures are valid. Do not use digital IDs from a file or self-signed digital ID signatures on this page

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 Job Title

Immediate Supervisor Position Number

Name of Reviewing Authority (Appropriate Director, Chairperson)

Reviewing Authority Signature

Date

Name of Reviewing Authority (Appropriate Vice President, Dean, or other Administrative Officer)

Reviewing Authority Signature

Date

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.

Name of Compensation Designee

Compensation Designee Signature

Approval Date

Effective 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