



# University of Central Florida

## University Support Personnel System (USPS) Position Description Signatures

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

CURRENT POSITION DATA			CHANGE/UPDATE DETAILS
<b>Position Number</b>	<b>Requested Position Action</b>		<p style="background-color: #ffffcc; margin: 0;">To be completed <i>ONLY</i> if a change or update is being requested</p> <p>Please briefly explain the change that is being requested and attach the Justification and Org Chart.</p>
	New/Establishment	Change/Update	
	<b>Job Code</b>	<b>Job Title</b>	
<b>Current</b>			
<b>Proposed</b>			
<b>Vice Presidential Division</b>			
<b>College/Office</b>		<b>Department</b>	
<b>Section/Subsection</b>	<b>City</b>	<b>County</b>	

**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 – Indicate the approximate percentage (%) (in 5% increments) of time spent on each duty. **Total percentage must equal 100%.**

%		
%		
%		
%		
%		
%		



## Working Conditions and Related Information

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)

Working Hours (indicate the daily working hours and the total hours worked per week)

- a) Daily from \_\_\_\_\_ to \_\_\_\_\_
- b) Total Hours per Week \_\_\_\_\_
- c) Explain any variations in work week, split shifts, on-call status, or rotations:

Machines/Equipment (list the machines or equipment used regularly, indicating the percentage (%) of operation time for each)

### Knowledge, Skills, and Abilities (KSA's)

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

### 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

Licenses/Certificates/Special Requirements (List any licenses, certificates, and other special requirements of this position)

### Vendors

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

*If any of the above required fields are not applicable, please type "N/A" in the space provided.*



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USPS 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