



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 |
|-----------------------------------|----------------------------------|-------------------|--|
| Position Number | Requested Position Action | | <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 | |
| | 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 – Indicate the approximate percentage (%) (in 5% increments) of time spent on each duty. **Total percentage must equal 100%.**

| | | |
|--|---|--|
| | % | |
| | % | |
| | % | |
| | % | |
| | % | |
| | % | |

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

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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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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