



**FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY**  
**ADMINISTRATIVE & PROFESSIONAL**  
**FACULTY**  
**POSITION DESCRIPTION**

Effective Date: (PERSONNEL USE ONLY) Please Initial:
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<b>1. Division:</b>		<b>2. School/College/Department:</b>			<b>3. Position Number:</b>
<b>4. Subsection/Section:</b>		<b>5. Room/Building:</b>			<b>6. Department Pwo dgt &lt;</b>
<b>7. Transaction Type:</b>	<b>8. FTE:</b>	<b>9. Pay Plan</b>	<b>10. On-Call:</b>	<b>11. Call back:</b>	<b>12. Lead Worker:</b>
<b>12. City:</b>	<b>13. Current Class Code:</b>	<b>14. Current Class Title:</b>			
<b>15. County:</b>	<b>16. New Class Code:</b>	<b>17. New Class Title:</b>			

**18. Describe in detail the specific duties and responsibilities assigned to this position. Attach additional sheets, if necessary, to properly describe the position.**

**Position Number:** \_\_\_\_\_

**19. SUBORDINATES:** List class codes, official class titles, and position numbers of each position that reports directly to this position.

**20. SUPERVISOR'S POSITION:** Number: \_\_\_\_\_ Class Code: \_\_\_\_\_ Class Title: \_\_\_\_\_

**21. 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.

**22. MONETARY RESPONSIBILITY:** Current budget for which this position is accountable. Include statement of responsibility for funds, amount and consequence of error.

**23. STATEMENT OF RESPONSIBILITY FOR CONFIDENTIAL DATA** (The disclosure of which would be prejudicial to the successful operation of the University.)

**24. KNOWLEDGE/SKILLS/ABILITIES:**

**25. REQUIRED LICENSES/CERTIFICATIONS/OTHER SPECIFIC REQUIREMENTS OF LAW:**

Please review statements below check all that apply.

- This position requires a background check and/or fingerprinting.
  - This position requires a childcare provider security check as required under Sections 402.305 and 402.3055, Florida Statutes.
  - This position is responsible for meeting the requirements of Section 215.422, Florida Statutes, as amended regarding the approval and/or processing of vendors' invoices and/or distribution of warrants to vendors.
  - This position requires licensure, certification or other special requirements described below.
- \_\_\_\_\_

**26. SIGNATURES:**

Employee Acknowledgment: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewing Officer: \_\_\_\_\_ Date: \_\_\_\_\_