



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

Effective Date:
(PERSONNEL USE ONLY)
Please Initial:

1. Division:		2. School/College/Department:			3. Position Number:
4. Subsection/Section:		5. Room/Building:			6. Department Pwo dgt <
7. Transaction Type:	8. FTE:	9. Pay Plan	10. On-Call:	11. Call back:	12. Lead Worker:
12. City:	13. Current Class Code:	14. Current Class Title:			
15. County:	16. New Class Code:	17. New Class Title:			

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: Incumbent: _____ Date: _____

Supervisor: _____ Date: _____

Reviewing Officer: _____ Date: _____