



**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 P wo 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:**

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

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

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