

UNIVERSITY OF SOUTH FLORIDA

Salaried OPS*

DUTIES AND RESPONSIBILITIES

*Hourly OPS do not require duties and responsibilities forms.
This form is not needed for Extra Compensation Appointments.

CURRENT DESCRIPTIVE DATA
Incumbent's Name:
Department Name and Department ID:
Requesting Review for: New Position or Change to Current duties (Please circle one)
EMPL ID (if the incumbent has an EMPL ID from previous USF employment):
Name/Title of Immediate Supervisor:
Effective Date:
Proposed Bi-weekly Salary:
Working Title:

In accordance with the Americans with Disabilities Act (ADA), it is necessary to identify the essential functions of the job required to be performed with or without reasonable accommodations. Requests for reasonable accommodations to facilitate the performance of essential functions will be given careful consideration. For purposes of the ADA, these functions are marginal only to individuals who are unable to perform the functions with or without reasonable accommodations because of a covered disability.

1. Essential Functions of the Job.

Describe functions in terms of outcomes and results rather than method used or how a job is normally accomplished.

2. Policy-Making and/or Interpretation

Include examples of situations in which this employee has the authority to make exceptions to the policy.

3. Program Direction and Development

Include examples of when the incumbent would exercise discretion and independent judgment in the performance of duties related to program direction. If the employee is employed in the Computer field, include a specific explanation of analytical, programming or software engineering duties.

4. Supervision Exercised (list organizational units under position's direct supervision and titles and position numbers of positions directly supervised). *Explain the extent to which the employee has the authority to hire or fire employees they supervise or make suggestions as to the hiring, firing, advancement, promotion or any other change of status.*

5. Level of Public Contact (statement of internal and external business contact, including frequency and scope)

6. Monetary Responsibility (amount and consequence of error)

7. Statement of Responsibility for Confidential Data (the disclosure of which would be prejudicial to the successful operation of the University)
8. Marginal Functions of the Job
9. Type and extent of instructions or directions normally given to the incumbent of this position by the immediate supervisor.
10. Education/Training/Experience - In order of importance, state any specific education, training and experience and knowledge, skills and abilities required for this position. Note that these requirements must be related to the essential functions and at least equal to the minimum qualifications stated on the official class specification.

Specialized Minimum Qualifications:

Preferred Qualifications:

Knowledge, Skills, & Abilities:

Required Licenses/Certifications and Other Specific Requirements of Law - Review the statements below and check all that apply.

<input type="checkbox"/> This position requires a post offer employment physical. <input type="checkbox"/> This position requires a police background check. <input type="checkbox"/> This position requires fingerprinting. <input type="checkbox"/> This position requires a child care provider security check as required under Sections 402.305 and 402.3055, Florida Statutes.	<input type="checkbox"/> 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.	<input type="checkbox"/> This position requires a classified driver's license appropriate to the type of vehicle operated in accordance with Section 322.60, Florida Statutes. <input type="checkbox"/> This position requires drug testing.	<input type="checkbox"/> This position requires licensure, certification or other special requirements, as specified below. <input type="checkbox"/> Other, as specified below.
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Other Characteristics of the Position - Describe physical, mental and environmental factors critical to the satisfactory performance of the functions of the position or other characteristics which have not otherwise been described above.

SIGNATURES				
I certify that I have reviewed and been provided a copy of the current position description for the position to which I am assigned.				
Name of Employee	Signature	Date		
I certify that the statements above, to the best of my knowledge, accurately describe the position. I understand that intentional falsification of this documentation is in violation of State statutes and may result in disciplinary action or prosecution.				
Name of Immediate Supervisor	Class Title	Position No.	Signature	Date
Reviewing Authority Name	Class Title	Signature	Date	

For Completion by Human Resources Upon Final Action	
Signature of HR Representative:	
Approved FLSA Status:	Review Date: