



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

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# Administrative and Professional (A&P) Position Description Signatures

A&P Position # \_\_\_\_\_

NOTE: Only system generated digital signatures are valid. Do not use digital IDs from a file or self-signed digital ID signatures on this page

### 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
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### 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
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*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
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