Human Resources
UNIVERSITY OF CENTRAL FLORIDA

Position Description (PD)

The Position Description (PD) is a tool used to request an evaluation of an existing position or the creation of a new position. The primary purpose of this tool is to document job duties of specific positions within already established job classifications. This tool helps managers consider the important aspects and duties of a position. It is not used to evaluate performance, but rather **to relate the duties performed, decisions made, and the skills needed**. The information contained within the PD helps to communicate job expectations to the employee and captures needed information required for business or compliance purposes.

This form will help capture this information and assist in appropriately classifying the position. Please feel free to attach any additional documentation that will be beneficial in this process.

SECTION 1.1 Position and Current Employee Information:

Type of Request:			
☐ Creating a new position	☐ Reclassify existing position	☐ Position Review	☐ Other

Today's Date	
Position Number	
Pay Group	
Supervisory Organization	
College/Division	
Cost Center	
Location	
Current Job Code	
Current Job Code title	
Incumbent (if applicable: Name & Title)	
Proposed Job Code Title (if applicable)	
Business Title (if applicable)	

SECTION 1.2 Organizational Chart:

Check the appropriate box
- ☐ This request does not impact the department's organizational chart
- ☐ This request does impact the department's organization chart. Current and future org chart included.

SECTION 2.1 Job Overview:

State in one or two sentences the general purpose of the position (or why this job exists). This statement should be a general summary of the responsibilities listed in the next section.

SECTION 3.1 Duties Performed:

List duties that are required to be performed by this position. Indicate each duty as Essential or Non-Essential to the position. The total percentage of time should equal 100%.

% of Time Essential = E Non-essential = NE	Description of Duties

SECTION 4.1 Supervisory Type:

Check the box that best describes the nature of the direct supervisory responsibility of this position.

☐ No supervisory responsibility   ☐ Lead (leads work of one or more employees)

☐ Supervisor (supervises day-to-day work of others)   ☐ Manager (oversees overall unit or team functions)

☐ Director (directs overall unit or functions through manager level positions.

Enter the number of units/departments supervised ☐

SECTION 4.2 Supervisory Scope:

Check the box that indicates the number of direct reports for this position.

USPS/A&P/Post Doc or similar

☐ None   ☐ 1   ☐ 2-3   ☐ 4-6   ☐ 7 or more

Student Workers or Part-time OPS

☐ None   ☐ 1   ☐ 2-3   ☐ 4-6   ☐ 7 or more

SECTION 5.1 Shift Differential:

☐ No Shift Differential   ☐ 2nd Shift   ☐ 3rd Shift

SECTION 6.1 Signatures:

Incumbent's Printed Name_____

Incumbent's Signature_____

Supervisor's Printed Name: _____

Supervisor's Signature*: _____

 * Supervisor's Signature indicates that the questionnaire was ***reviewed for*** ***accuracy and approves the content***.

HR Business Center Representative Printed Name: _____

HRBC Representative Signature**: _____

**Additional comments or aspects of the position you feel the questionnaire has not covered may be attached.