

Position Management Action Page (PMAP)

Position # Department # Department Name

Contact Name Contact Email

Contact Phone Contact Mail Code Requested Effective Date

Position Type: ☐ A&P ☐ USPS ☐ Faculty

Action Requested: This position is funded through time-limited funds.

CURRENT STATUS		PROPOSED STATUS
	Job Code	
	Title	
	Working Title	
	Union Code	
	Pay Band	
<input type="checkbox"/> Non-Exempt <input type="checkbox"/> No FLSA	FLSA	<input type="checkbox"/> Non-Exempt <input type="checkbox"/> No FLSA
<input type="checkbox"/> Day (Majority of hours btwn 6AM & 6PM) <input type="checkbox"/> Other	Shift	<input type="checkbox"/> Day (Majority of hours btwn 6AM & 6PM) <input type="checkbox"/> Other
	Working Hours	
/	FTE / Standard Hours	/
	Reports To Position #	
	Department #	
	Funding Account Code	
/	Location Code / Mail Code	/
/	Bi-Weekly / Annual Salary	/
	% Salary Increase / Decrease	

Additional Information (background check, fingerprinting, confidentiality, financial disclosure or other requirements):

For Actions with Incumbent: Incumbent Name Employee ID

☐ Eligible for Shift Differential ☐ Eligible for On-Call Pay

CONTRACT & GRANT FUNDED POSITIONS MUST HAVE PRIOR APPROVAL BY SPONSORED RESEARCH ACCOUNTING SERVICES

Funding Source: ☐ E&G Fund (110-299) ☐ Auxiliary Fund (300) ☐ Local Fund (600)

☐ C&G Fund (520-599) **Stamp Required** ☐ Other

REQUIRED SIGNATURES

Incumbent Name	Incumbent Signature	Date
Immediate Supervisor Name	Immediate Supervisor Signature	Date
Dean, Director or Dept Head Name	Dean, Director or Dept Head Signature	Date
Appropriate Vice President or President Name	Appropriate Vice President or President Signature	Date

HUMAN RESOURCE USE ONLY

HR Approver Signature	Date

Approved Effective Date

USPS / A&P Positions: Please contact Compensation / Classification Services for additional information at 850-644-4285.

HR APPROVAL

Signature _____

Date _____

Approved Effective Date _____


Florida State University
Position Description
Current Approved

 Position Number _____
 Job Code _____
 Classification Title _____
 Division _____
 College/School _____
 Department _____
 City/County _____

 Position Number _____
 Job Code _____
 Classification Title _____
 Department # _____
 FTE _____ FLSA _____ Pay Band _____
 Funding End Date _____
 Working Title _____

I. POSITION FOCUS STATEMENT

Briefly describe the primary focus or purpose of this position.

II. RESPONSIBILITIES OF THE POSITION

Provide a minimum of 3 and a maximum of 6 detailed descriptions of the responsibilities performed by the position. If a position's responsibilities are not highly specialized they are marginal functions.

% of Time <i>Must equal 100%</i>	Essential Function	Description of Responsibilities <i>For those positions with supervisory or budgetary responsibilities, activities must be listed as an essential function. If responsibilities are marginal, uncheck the essential function box.</i> Marginal functions are not included in percentage of time allocation.
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

Note: In compliance with the Americans with Disabilities Act (ADA), those functions of the job which are identified essential are required to be performed with or without reasonable accommodations. Requests to facilitate the performance of essential functions will be given careful consideration. For purposes of the ADA, the functions identified as marginal are marginal only to individuals covered by ADA who are unable to perform these functions with or without reasonable accommodation because of a covered disability.

III. SUPERVISORY RESPONSIBILITY

Does the position supervise employees? ☐ Yes ☐ No (If no, continue to next section.)

If position supervises OPS employees, indicate number here: _____

List the titles and position numbers of salaried positions supervised. (Attach an additional sheet if needed.)

Title of Position(s)	Position #	Title of Position(s)	Position #

Check all of the phrases below that indicate the scope of supervisory responsibilities:

- ☐ Assigns, reviews and/or approves work
- ☐ Instructs/trains in processes and procedures
- ☐ Determines employee goals and objectives
- ☐ Makes recommendations regarding employee hiring, salary adjustments, discipline, termination, or performance evaluations.
- ☐ Makes final decision on employee hiring, salary adjustments, discipline, termination, or performance evaluations

IV. DRIVER'S LICENSE INFORMATION

Fill in information as applicable for this position in the performance of the essential functions.

The essential functions of this position require the incumbent possess a valid driver's license, or CDL from the states of Florida or Georgia: ☐ Yes ☐ No (If no, continue to next section.)

Licensure Required:

- ☐ Class E Driver License
- ☐ Florida Commercial Driver License, Class C (CDL)
- ☐ Florida Commercial Driver License, Class B (CDL)
- ☐ Florida Commercial Driver License, Class A (CDL)

Endorsements:

- ☐ N ☐ X
- ☐ H ☐ T
- ☐ P

V. MINIMUM QUALIFICATIONS

List below the education, licensure or certifications **required** for this position.

Requirements:

- ☐ Position requires post-offer or annual physical examination.
- ☐ Position requires a FDLE Background Check Level 1 (police background check).
- ☐ Position requires a FDLE Background Check Level 2 (fingerprinting).
- ☐ Position requires compliance with University policy OP-F-7 on "Safeguarding of Confidential Financial and Personal Information."
<http://policies.vpfa.fsu.edu/policies-and-procedures/records-information/policy-safeguarding-confidential-financial-and-personal-information>
- ☐ Position requires a child care provider security check as required under sections 402.305 and 402.3055 Florida Statutes. Position requires Financial Disclosure in accordance with Chapter 112 Florida Statutes. (Position has final approval of single expenditures of \$15,000 or more.)
- ☐ Position is required to work majority of hours outside of standard day shift hours (6 AM to 6 PM).
- ☐ Position requires OSHA training.

VI. COMPETENCIES

Using the competency catalog and/or generic job classification specification, list specific experience, knowledge, skills or abilities **required** for this position. Enter one competency per box and assign each a level of proficiency as Basic, Proficient or Advanced. Attach an additional sheet if needed. Positions are recommended to have no greater than 20 competencies.

ID	Competency Description	Proficiency Level
		<input type="radio"/> Basic <input type="radio"/> Proficient <input type="radio"/> Advanced
		<input type="radio"/> Basic <input type="radio"/> Proficient <input type="radio"/> Advanced
		<input type="radio"/> Basic <input type="radio"/> Proficient <input type="radio"/> Advanced
		<input type="radio"/> Basic <input type="radio"/> Proficient <input type="radio"/> Advanced
		<input type="radio"/> Basic <input type="radio"/> Proficient <input type="radio"/> Advanced
		<input type="radio"/> Basic <input type="radio"/> Proficient <input type="radio"/> Advanced
		<input type="radio"/> Basic <input type="radio"/> Proficient <input type="radio"/> Advanced
		<input type="radio"/> Basic <input type="radio"/> Proficient <input type="radio"/> Advanced
		<input type="radio"/> Basic <input type="radio"/> Proficient <input type="radio"/> Advanced

VII. PAY ADDITIVES

From the list below, check all pay additives that apply for this position:

- ☐ Position is eligible for on-call pay.
- ☐ Position is eligible for shift differential.
- ☐ Position is designated lead worker.
- ☐ Position is eligible for Asbestos/Lead Abatement pay.
- ☐ Position is eligible for Biohazard pay.

VIII. REQUIRED COMMENTS

State reasons for creation of a new position, updates to a position or reclassification of a position. Examples: Department reorganization, better utilization of vacant positions, focus of position has changed, etc.

IX. REQUIRED SIGNATURES

This section is required to be completed for all positions. Appropriate signatures vary by University division. If you have questions related to appropriate signatures contact the Office of Human Resources.

Incumbent:

I certify that I have reviewed and been provided a copy of the current position description for the position which I am assigned.

_____ Name of Employee	_____ Signature of Employee	_____ Date
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Reviewing Authority:

I certify that the statements above to the best of my knowledge, accurately describes the position. I understand that intentional falsification of this documentation is in violation of University policies and procedures and may result in disciplinary action or prosecution.

_____ Name of Immediate Supervisor	_____ Signature of Immediate Supervisor	_____ Date	_____ Supervisor Position #	_____ Employee ID #
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_____ Dean, Director or Department Head Signature	_____ Date
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_____ Appropriate Vice President or President Signature	_____ Date
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