FSU | OFFICE OF HUMAN RESOURCES

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MASS OPS EXEMPT REQUEST FORM

INSTRUCTIONS:

- This form should be used for groups of OPS Exempt appointments with the **same** Supervisor, Job Code, Department, Job Duties, Salary, and Hours per week.
- This form must be completed for all OPS Exempt appointments to ensure the minimum salary and job duty requirements are met.
- Completed OPS Exempt Request Forms must be signed by the department and approved by HR prior to the employee's first day of work.
- Department Representatives should upload completed/HR approved forms to **My Tasks > Supplemental Documents (Admin)** for each applicable employee's onboarding.

APPOINTMENT INFORMATION:

Hours per week: _____ Job Code: _____
Position Title: _____ Department: _____
Department Contact: _____ Contact Email: _____

JOB DUTIES:

Select the most appropriate category to describe the job duties: Please Select

SALARY LEVEL TEST:

Provide the weekly salary for the appointment: _____

Job Duties Category:	Minimum Pay:
Learned Professional	$684 per week
Creative Professional	$684 per week
Administrative	$684 per week
Student Relationship	$15.00 per hour
Instruction/Teaching	$15.00 per hour
Medical Residency (Clinical)	$15.00 per hour

QUALIFICATIONS OF POSITION:

Education Level Required: Please Select

List the minimum qualifications necessary to perform assigned duties of this position:

List any certifications and/or licenses necessary to perform the duties of the position:

List any required knowledge, skills or abilities necessary for this position:

ESSENTIAL FUNCTIONS OF THE POSITION:

List the major functions of the position and its related tasks, beginning with the duties that take the largest portion of time.

- Only duties that are fundamental or essential to the position should be listed in this section.
- Include the percentage of time typically spent performing each duty.
- Base responses on the routine, day-to-day job duties and responsibilities of the position. Do not understate or inflate the job. Be objective and accurate.
- Be specific about the degree of responsibility involved and the equipment, processes and equipment used.
- Percentages should total 100%.

	Time Per Week	Major or Essential Functions of the Job
%		
%		
%		
%		
%		

EMPLOYEE INFORMATION:

EMPLOYEE NAME:	EMPLID:

EMPLOYEE NAME:	EMPLID:

DocuSign Instructions:

Department Representatives should utilize the '**Signing Order**' function via DocuSign to complete the following process:

1. Create DocuSign envelope, upload OPS Exempt form(s) and add signing recipients in sequential order:
   (1) Supervisor, (**2**) Dean/Director/Department Head or VP, (**3**) Central HR Approver: Anna Capenos
2. Select '**Next**' to identify '**Standard Signing Fields**' that need approver action. Send the envelope.
3. Once all approvers have signed, the Department Representative will receive an email with the completed form.
   - ✓ If hiring a group of OPS Exempt appointments with the same Supervisor, Job Code, Department, Job Duties, Salary, and Hours per week, utilize the OPS Exempt Request Form - Multiple Employees

DEPARTMENT APPROVAL:

_____ _____
Supervisor Date

_____ _____
Dean/Director/Department Head/Vice President Date

CENTRAL HR APPROVAL:

HR Approved By: _____ Date: _____