

**THE UNIVERSITY OF WEST FLORIDA
OTHER PERSONNEL SERVICES (OPS)
POSITION DESCRIPTION**

FOR OFFICE OF HUMAN RESOURCES USE ONLY:			
EFFECTIVE DATE: _____			
APPROVED BY: _____		DATE: _____	
DIVISION:	LOCATION:		
COLLEGE/DEPARTMENT	RECOMMENDED TITLE:		
UNIT:	DEPARTMENT NUMBER:	ACTION: () NEW () CHANGE	FTE:
NAME, CLASS TITLE, AND POSITION NUMBER OF IMMEDIATE SUPERVISOR:			
WORKING HOURS: Explain any variation in workweek (split shifts, rotation, etc.)			
TOTAL HOURS IN WORKWEEK: _____			
MINIMUM QUALIFICATIONS: (Typing Required? Shorthand?)			
ADDITIONAL INFORMATION: (Optional)			
DUTIES AND RESPONSIBILITIES: (Use Additional Sheets if Necessary)			
SIGNATURE OF IMMEDIATE SUPERVISOR:			DATE:
SIGNATURE OF DIVISION/COLLEGE/DEPARTMENT REVIEWING AUTHORITY:			DATE: