

STATE OF FLORIDA
POSITION DESCRIPTION

CAREER SERVICE <input checked="" type="checkbox"/> SELECTED EXEMPT SERVICE <input type="checkbox"/> SENIOR MANAGEMENT SERVICE <input type="checkbox"/> OTHER <input type="checkbox"/>									
POSITION LOCATION INFORMATION		Position Exempt Under 110.205(____)(____), F.S. Managerial <input type="checkbox"/> Confidential <input type="checkbox"/> Supervisory <input type="checkbox"/> Other <input type="checkbox"/>							
NAME OF AGENCY: Department of Juvenile Justice		Organization Level: Current: _____ Proposed: _____							
DIVISION/COMPARABLE:		Position Number:	FTE:						
BUREAU/COMPARABLE:		Current Broadband Level Code:	Current Class Title:						
SECTION/SUBSECTION:		Proposed Broadband Level Code:	Proposed Class Title:						
HEADQUARTERS/COUNTY CODE:		Type of Transaction:							
INCUMBENT:		APPROVAL AUTHORITY USE ONLY							
POSITION ATTRIBUTES: EEO: 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> CBU: 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06 <input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 18 <input type="checkbox"/> 80 <input type="checkbox"/> 81 <input type="checkbox"/> 86 <input type="checkbox"/> 87 <input type="checkbox"/> 89 <input type="checkbox"/> 99 <input type="checkbox"/> Other <input type="checkbox"/> _____ Special Risk: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Overtime: Yes <input type="checkbox"/> No <input type="checkbox"/> CAD: Yes <input type="checkbox"/> No <input type="checkbox"/>		Broadband Level Code:	Class Code:						
		Approved By:		Effective Date:					
		APPROVED BROADBAND OCCUPATION:		APPROVED CLASS TITLE:					
1. This position reports directly to: Position Number _____ Broadband Level Code _____ Broadband Occupation _____ Class Code _____ Class Title _____ 2. Broadband level code, class title, class code, position number, and headquarters location of each position which reports directly to this position: 3. What statutes establish or define the work performed? 4. This position has financial disclosure responsibility in accordance with Section 112.3145, F. S.: Yes <input type="checkbox"/> No <input type="checkbox"/>									
5. Current budget for which this position is accountable (if applicable): <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border-top: 1px solid black; border-bottom: 1px solid black; text-align: center;">Salaries & Benefits</td> <td style="width: 33%; border-top: 1px solid black; border-bottom: 1px solid black; text-align: center;">O.P.S.</td> <td style="width: 33%; border-top: 1px solid black; border-bottom: 1px solid black; text-align: center;">Expenses</td> </tr> <tr> <td style="border-top: 1px solid black; border-bottom: 1px solid black; text-align: center;">F.C.O.</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black; text-align: center;">Data Processing</td> <td style="border-top: 1px solid black; border-bottom: 1px solid black; text-align: center;">TOTAL ALLOTMENT</td> </tr> </table> If the current budget includes other areas of accountability include them in the TOTAL ALLOTMENT and provide a brief explanation.				Salaries & Benefits	O.P.S.	Expenses	F.C.O.	Data Processing	TOTAL ALLOTMENT
Salaries & Benefits	O.P.S.	Expenses							
F.C.O.	Data Processing	TOTAL ALLOTMENT							

6. Duties and Responsibilities - Describe in detail the specific duties and responsibilities assigned to this position and the percentage of time for each. Indicate the role of this position in accomplishing the unit and agency mission. If applicable, include examples of independent, final policy decisions made and show their effect on the agency, the public, or other state agencies.

% of Time	Duties and Responsibilities

7. Knowledge, skills and abilities, including utilization of equipment, required for the position:
8. Licensure/registration/certification requirements (If applicable, list the appropriate Florida Statute or federal regulation cite):
9. Other job-related requirements for this position:
10. Working hours: (A) Daily from _____ to _____ (B) Total hours in workweek _____ (C) Explain any variation in work (split shift, rotation, etc.)
11. **Agency Use Only –**
Check those that apply: Uniform Allowance CJIP Bond Indicator Drug Screening Re-screening
 Security Check: No security screen required Background investigation required Background & fingerprint required
 Fingerprint investigation required Access to abuse records Caretaker Financial Law enforcement Management
 Sensitive Agency Security Check
Other:

The following have acknowledged that the statements above, to the best of their knowledge, accurately describe the duties and responsibilities of the position.

Incumbent Signature (optional): _____ Date: _____

Discussed with Employee: Yes <input type="checkbox"/> No <input type="checkbox"/>	Title:	Date:
Supervisor's Signature:		
Approval of Reviewing Authority: (Div. Director, Agency Head or other)	Title:	Date:
Approval of Agency Personnel Officer:	Title:	Date: