

FLORIDA STATE UNIVERSITY OFFICE OF HUMAN RESOURCES

282 Champions Way PO Box 3062410 Tallahassee, FL 32306-2410 Phone: (850) 644-6034

# MASS OPS EXEMPT REQUEST FORM

### **INSTRUCTIONS:**

- This form should be used for groups of OPS Exempt appointments with the <u>same</u> 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:

#### **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	\$12.00 per hour
Instruction/Teaching	\$12.00 per hour
Medical Residency (Clinical)	\$12.00 per hour

### **QUALIFICATIONS OF POSITION:**

Education Level Required:

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:

### **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:

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## **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

Date

Dean/Director/Department Head/Vice President

## **CENTRAL HR APPROVAL:**

HR Approved By: \_\_\_\_\_ Date: \_\_\_\_\_