



EMPLOYEE NAME: _____

Revised: 5/11; 8/11; 9/11; 10/12; 9/18

JOB DESCRIPTION

POSITION TITLE: Director, Policy and Planning	JOB CODE: 470D
DIVISION: Chief of Staff	SALARY SCHEDULE: Annual Central Office
DEPARTMENT: Policy and Planning	WORK DAYS: 240 Days
REPORTS TO: Chief of Staff	PAY GRADE: CDR (5, 6 or 7)
FLSA: Exempt	PAY FREQUENCY: Monthly
PRIMARY FUNCTION: Creates, revises, and distributes all Board of Education policies and School District Administrative Rules and Forms; serves as the District's Open Records Officer; oversees the District's student transfer programs.	

REQUIREMENTS:

1.	Educational Level: Master Degree required; Specialist Degree preferred
2.	Certification/License Required: Valid Georgia Leadership Certificate
3.	Experience: 5 years experience in school administration
4.	Physical Activities: Routine physical activities that are required to fulfill job responsibilities
5.	Knowledge, Skills, & Abilities: Written and oral communication; planning, organization, and leadership

The Board of Education and the Superintendent may accept alternatives to some of the above requirements.

ESSENTIAL DUTIES:

1.	Demonstrates prompt and regular attendance.
2.	Coordinates the creation, revision, and distribution of all school system policies.
3.	Evaluates, interprets, implements and makes recommendations regarding administrative rules and forms.
4.	Provides policy information for response by Chief of Staff to requests from Superintendent, Board Members, and others as needed.
5.	Assists with planning, preparing materials, and conducting assistant administrator meetings.
6.	Serves as District's Open Records Officer.
7.	Coordinates student transfer programs including hardship transfers, Child(ren) of Employee transfers, and school choice transfers.
8.	Works closely with CCSD attorneys to ensure legal procedures are followed.
9.	Assists other departments/divisions with yearly review of Administrative Rules.
10.	Assists with reviewing Charter School applications as needed.
11.	Performs other duties as assigned by appropriate administrator.

Signature of Employee _____ Date _____

Signature of Supervisor _____ Date _____