



EMPLOYEE NAME: _____

Created: 1/24

JOB DESCRIPTION

POSITION TITLE: Receptionist, Transportation	JOB CODE: 463C
DIVISION: Operational Support	SALARY SCHEDULE: Office Clerical/Technician Annual
DEPARTMENT: Transportation	WORK DAYS: Annual Administrative Employees
REPORTS TO: Director, Transportation	PAY GRADE: Rank IV (NC04)
FLSA: Non-Exempt	PAY FREQUENCY: Monthly
PRIMARY FUNCTION: Serves as receptionist for the Transportation Department.	

REQUIREMENTS:

1.	Educational Level: High School Education or high school equivalency required
2.	Certification/License Required: None
3.	Experience: 1-2 years of routine clerical experience
4.	Physical Activities: Routine physical activities that are required to fulfill job responsibilities
5.	Knowledge, Skills, & Abilities: Written and oral communication, strong public relations and telephone skills, basic knowledge of MS Office, Windows, web browsers, and a basic understanding of routing and telematics software.

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

ESSENTIAL DUTIES:

1.	Demonstrates prompt and regular attendance; work hours may vary during the school year.
2.	Provides the highest level of customer service while interacting with both internal and external stakeholders.
3.	Uses established guidelines for call handling, to provide information and/or route calls to appropriate locations.
4.	Greets, assists and announces visitors.
5.	Maintains a professional workspace that reflects positively on the district in the presence of stakeholders.
6.	Provides instructions and first-level support to visitors/stakeholders based on best practices.
7.	Distributes items left for pickup and disseminates requested information.
8.	Accesses and navigates CCSD website to provide information to callers and visitors for both internal and external stakeholders.
9.	Assists office staff as needed.
10.	Maintains cordial relations with callers and visitors.
11.	Performs other duties as assigned.

Signature of Employee _____ Date _____

Signature of Supervisor _____ Date _____