



EMPLOYEE NAME: _____

Revised: 6/86; 2/88; 1/89; 11/89; 6/92; 3/93; 2/94; 11/94; 3/95; 2/96; 2/98; 7/99;
4/01; 4/05; 1/07; 9/07; 7/08; 8/12; 10/12; 10/14; 8/15, 10/15, 10/17; 6/18:5/21

JOB DESCRIPTION

POSITION TITLE: Secretary IV, Assessment & Personalized Learning	JOB CODE: 487D
DIVISION: Academics – Teaching & Learning	SALARY SCHEDULE: Office Clerical/Technician Annual
DEPARTMENT: Assessment & Personalized Learning	WORKDAYS: 238
REPORTS TO: Department Supervisor(s)	PAY GRADE: Rank IV (NC04)
FLSA: Non-Exempt	PAY FREQUENCY: Monthly
PRIMARY FUNCTION: Provides clerical support and assistance for Assessment & Personalized Learning Supervisor(s) assigned.	

REQUIREMENTS:

1.	Educational Level: High School Diploma or GED required
2.	Certification/License Required: None
3.	Experience: 2 years of routine clerical experience
4.	Physical Activities: Routine physical activities that are required to fulfill job responsibilities
5.	Knowledge, Skills, & Abilities: Excellent written and oral communication skills; strong organizational skills, flexibility, proficient in MS Office (Word, Excel, Power Point, Access, Office 365)

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 telephone communication between department, Central Office, schools, and community.
3.	Handles and routes all departmental mail.
4.	Maintains files of correspondence, data, reports, and other documents as required.
5.	Provides support to other Accountability, Research & Grants Departments.
6.	Prepares departmental purchase orders and assists in the monitoring of expenditures.
7.	Duplicates, collates, and disseminates written materials as requested.
8.	Exhibits comprehensive knowledge of program areas and remains up to date on requirements.
9.	Sets priorities and performs duties accordingly to work independently.
10.	Performs other duties as assigned by appropriate administrator.

Signature of Employee _____ Date _____

Signature of Supervisor _____ Date _____