EMPLOYEE NAME: _______________________  
Revised: 10/12; 11/14; 6/18; 1/19

JOBS DESCRIPTION

POSITION TITLE: Assistant Instructor, 21st Century Community Learning Center Grant  
JOB CODE: A828

DIVISION: Leadership & Learning  
PAY GRADE: N/A

DEPARTMENT: Leadership & Learning  
SALARY SCHEDULE: N/A

REPORTS TO: Program Director, 21st Century Community Learning Center Grant  
WORK DAYS: As Needed

FLSA: Non-Exempt  
PAY FREQUENCY: Varies based on primary job

PRIMARY FUNCTION: Assists with instruction and supervision of planned activities for the students in the after school program funded by the Georgia Department of Education 21st Century Community Learning Center Grant students.

REQUIREMENTS:

1. Educational Level: High School Diploma or GED required; 3.0 GPA preferred
2. Certification/License Required: None
3. Experience: 0-3 years experience in education or related field
4. Physical Activities: Routine physical activities that are required to fulfill job responsibilities
5. Knowledge, Skills, & Abilities: Oral and written communication, instructional strategies that connect the curriculum to the learners, student management, knowledge of site safety procedures

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. Assists with instruction and supervision of daily planned activities for the students.
3. Assists with managing student behavior.
4. Maintains accurate records when working the sign out desk.
5. Follows daily time schedule as assigned by the director.
6. Knows and follows site safety procedures.
7. Attends and participates in staff meetings and required training sessions.
8. Performs additional duties as assigned by appropriate administrator.

Note: Position will be funded through the Georgia Department of Education 21st Century Community Learning Center Grant and may be eliminated when the grant expires.

Signature of Employee _______________________  Date ________________

Signature of Supervisor _______________________  Date ________________