**JOB DESCRIPTION**

<table>
<thead>
<tr>
<th>POSITION TITLE</th>
<th>JOB CODE: 463D</th>
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<tbody>
<tr>
<td><strong>DIVISION:</strong> Operational Support</td>
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<tr>
<td><strong>DEPARTMENT:</strong> Transportation</td>
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<td><strong>REPORTS TO:</strong> Executive Director of Transportation</td>
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<td><strong>FLSA:</strong> Non-Exempt</td>
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<tr>
<td><strong>PAY GRADE:</strong> Rank III (NC03)</td>
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<td><strong>PAY FREQUENCY:</strong> Monthly</td>
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**SALARY SCHEDULE:** Office Clerical/Technician Annual

**WORK DAYS:** 238

**PRIMARY FUNCTION:** Performs essential clerical functions as related to payroll process, entry, submission, and accounting for employee time and leave for the department.

**REQUIREMENTS:**

1. Educational Level: High School Education or GED required; some college/technical training preferred
2. Certification/License Required: None
3. Experience: 2 years of routine clerical experience with payroll/accounting function duties
4. Physical Activities: Routine physical activities that are required to fulfill job responsibilities
5. Knowledge, Skills, & Abilities: Written and oral communication, Data entry, Microsoft programs

*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. Posts data for bi-weekly and monthly payrolls.
3. Replies via e-mail and enters all time corrections into Comet Tracker and CTMS.
4. Makes any adjustments to Field Trip time entry as requested.
5. Files and maintains all corrections, ROA’s, and time cards. Archive payroll documents as required.
6. Calculates and enters paper time cards into CTMS.
7. Assists in entering leave, adjustments and supplemental pay into CTMS as needed.
8. Review time entry for accuracy.
9. Complete supplemental pay forms.
11. Assists with phone coverage at the front desk as needed.
12. Performs other duties as assigned by appropriate administrator.

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Signature of Employee__________________________________________ Date ______________________

Signature of Supervisor_________________________________________ Date ______________________