POSITION TITLE: Executive Secretary III

DIVISION: Operational Support

REPORTS TO: Deputy Superintendent, Operations

DEPARTMENT: Operational Support

FLSA: Non-Exempt

PAY GRADE: Exec Sec III (NEX3)

PAY FREQUENCY: Monthly

SALARY SCHEDULE: Executive Secretary Annual

JOB CODE: 487A

WORK DAYS: 238

DEPARTMENT: Operational Support

WORK DAYS: 238

REPORTS TO: Deputy Superintendent, Operations

FLSA: Non-Exempt

PAY FREQUENCY: Monthly

SALARY SCHEDULE: Executive Secretary Annual

JOB CODE: 487A

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

REQUIREMENTS:

1. Educational Level: High School Diploma or GED required

2. Certification/License Required: None

3. Experience: 5 years of secretarial experience at the executive level

4. Physical Activities: Routine physical activities that are required to fulfill job responsibilities

5. Knowledge, Skills, & Abilities: Written and oral communication; organization; public relations; and word processing.

ESSENTIAL DUTIES:

1. Demonstrates prompt and regular attendance.

2. Schedules appointments, meetings, and maintains calendar information for Deputy Superintendent, Operations.

3. Maintains an efficient filing system including confidential files.

4. Receives and screens telephone calls; communicates appropriately with staff, school district personnel and general public by telephone and in writing.

5. Processes travel reports, forms and mail.

6. Maintains accurate budget files and financial transactions for division.

7. Prepares and processes purchase requisitions, purchase orders and other similar requests for personnel and/or equipment.


9. Provides support and assistance for the division’s administrative staff.

10. Provides support and backup for the division’s secretarial staff.

11. Maintains adequate knowledge of operational practices and procedures in order to assist clients.


14. Performs other duties as assigned by appropriate administrator.

Signature of Employee ___________________________ Date __________________

Signature of Supervisor ___________________________ Date __________________