### JOB DESCRIPTION

<table>
<thead>
<tr>
<th>POSITION TITLE:</th>
<th>Secretary IV, Related Services</th>
<th>JOB CODE:</th>
<th>487X</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIVISION:</td>
<td>Academics- Support and Specialized Services</td>
<td>SALARY SCHEDULE:</td>
<td>Office Clerical/Technician</td>
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<tr>
<td>DEPARTMENT:</td>
<td>Special Education</td>
<td>WORK DAYS:</td>
<td>198</td>
</tr>
<tr>
<td>REPORTS TO:</td>
<td>Supervisor, Related Support</td>
<td>PAY GRADE:</td>
<td>Rank NZ00 – Based on NC04</td>
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<tr>
<td>FLSA:</td>
<td>Non-Exempt</td>
<td>PAY FREQUENCY:</td>
<td>Monthly</td>
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<tr>
<td>PRIMARY FUNCTION:</td>
<td>Performs secretarial and clerical duties to support the total operation for Related Support and Special Education itinerant staff.</td>
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### REQUIREMENTS:

1. Educational Level: High School Diploma or GED required
2. Certification/License Required: None
3. Experience: None
4. Physical Activities: Routine physical activities that are required to fulfill job responsibilities
5. Knowledge, Skills, & Abilities: Written and oral communication

*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. Maintains accurate records and including budget accounts.
3. Demonstrates professional communication skills both on the telephone and in emails.
4. Demonstrates proficiency with office equipment and computer software.
5. Disseminates District-wide correspondence as appropriate.
6. Assists in maintaining current files for related services staff.
7. Completes performance contracts, purchase orders and office supply orders for staff.
8. Processes referrals for related services evaluations; sends required correspondence and forms.
9. Maintains electronic and office files as needed.
10. Maintains employee attendance information; completes monthly payroll service report.
11. Performs other duties as assigned by appropriate administrator.

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Signature of Employee ___________________________ Date ___________________________

Signature of Supervisor ___________________________ Date ___________________________