EMPLOYEE NAME: ________________________________

Revised: 1/89; 2/91; 6/92; 2/94; 11/94; 1/95; 2/96; 9/04; 11/06; 9/08; 10/12; 10/13; 6/18

JOB DESCRIPTION

POSITION TITLE: Secretary IV, Prevention Intervention  
JOB CODE: 487D

DIVISION: Chief of Staff  
SALARY SCHEDULE: Office Clerical/Technician Annual

DEPARTMENT: Policy, Planning and Student Support  
WORK DAYS: 238

REPORTS TO: Coordinator, Prevention/Intervention Center  
PAY GRADE: Rank IV (NC04)

FLSA: Non-Exempt  
PAY FREQUENCY: Monthly

PRIMARY FUNCTION: Provides highly responsible secretarial and administrative support to management; coordinates office services; provides optimum telephone coverage for crisis calls and maintains professional, caring public relations with school personnel, parents, and the general public.

REQUIREMENTS:

1. Educational Level: High School Diploma or GED
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. Assists with program and budget reports.
3. Handles telephone communications efficiently and effectively, referring calls to appropriate staff members.
4. Opens, reviews, and routes all mail and correspondence.
5. Copies, collates, and distributes materials as needed.
6. Maintains accurate data and files records related to the Prevention Intervention Center.
7. Processes paperwork, JASAE, and schedules for GRIP Program.
8. Maintains the confidentiality of clientele served.
9. Orders and maintains adequate supplies for efficient office operations.
10. Maintains the calendars of the prevention specialists.
11. Prepares service reports for payroll.
12. Performs other duties as assigned by appropriate administrator.

Signature of Employee __________________________________________ Date ______________

Signature of Supervisor __________________________________________ Date ______________