JOB DESCRIPTION

POSITION TITLE:  CTL Support Specialist, Secretary VC

DIVISION:  Academic, Teaching and Learning

DEPARTMENT:  Digital and Multimedia Learning

REPORTS TO:  Supervisor, Digital Transformation

FLSA:  Non-Exempt

PRIMARY FUNCTION:  Performs high-level departmental administrative work; provides necessary support for CTLS and Digital Transformation Team.

REQUIREMENTS:

1. Educational Level:  High School Diploma or GED required
2. Certification/License Required:  None
3. Experience:  2 years of responsible clerical experience
4. Physical Activities:  Routine physical activities that are required to fulfill job responsibilities
5. Knowledge, Skills, & Abilities:  Written and oral communication; spreadsheets, word processing, work independently; computer skills

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 the automation and registration responsibilities for system-wide staff development courses.
3. Creates and maintains the system-wide Staff Development catalog as needed throughout the school year.
4. Assists Department staff with updating, editing, and maintaining certified personnel’s transcripts.
5. Processes course registration forms for non-employees.
6. Processes and maintains class rolls and instructor pay for District classes.
7. Prepares materials and gathers supplies needed for trainings/meetings.
8. Promotes positive relationships with local school personnel, Central Office staff, parents, and general public.
9. Provides first-tier support and consultative services to end user via telephone or email in response to CTLS support and enhancement requests.
10. Acts as liaison between Digital Transformation and Technology Services regarding CTLS support.
11. Performs CTLS system administration tasks to include content errors, broken links, user access control, and escalation to second and third-tier support.
12. Performs other duties as assigned by appropriate administrator.

Signature of Employee ___________________________ Date ____________________

Signature of Supervisor ___________________________ Date ____________________