JOB DESCRIPTION

POSITION TITLE: Secretary VI, Alternative Education  JOB CODE: 487B
DIVISION: Strategy and Accountability  SALARY SCHEDULE: Office Clerical/Technician
DEPARTMENT: Accountability  WORK DAYS: 238
REPORTS TO: Executive Director, Alternative Education  PAY GRADE: Rank VI (NC06)
FLSA: Non-Exempt  PAY FREQUENCY: Monthly

PRIMARY FUNCTION: Provides administrative support to the Executive Director of Alternative Education and acts as the liaison for the Ombudsman Program for the County.

REQUIREMENTS:

1. Educational Level: High School Diploma or GED required
2. Certification/License Required: None
3. Experience: 3 years of experience 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, word processing and computer productivity tools, typing

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. Prepares and manages purchases and disbursements of funds for all alternative budgets.
3. Maintains employee attendance ensuring accurate pay information.
4. Creates and maintains filing systems for the Alternative Education Program.
5. Answers communications (telephone, email, etc.) among central office, school personnel and the community.
6. Arranges and organizes meetings, travel, evaluations, and other planning needs.
7. Enrolls and withdraws students assigned to the ombudsman program for the county, reviewing courses in On Track and preparing a student database.
8. Coordinates the night school program, enrolling students into 4 mini-semesters per year.
9. Receives charter school applications, renewals and conversions and compiles a summary for the Board Members.
10. Maintains Alternative Ed website with current forms and accurate information.
12. Performs other duties as assigned by appropriate administrator.

Signature of Employee ___________________________ Date __________________

Signature of Supervisor ___________________________ Date __________________