EMPLOYEE NAME: ________________________________
Revised: 1/96; 2/97; 3/01; 11/06; 8/08; 10/12, 6/16; 8/16; 6/18

JOB DESCRIPTION

<table>
<thead>
<tr>
<th>POSITION TITLE: Lunchroom Monitor</th>
<th>JOB CODE: TEM2</th>
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</thead>
<tbody>
<tr>
<td>DIVISION: Business Services</td>
<td>SALARY SCHEDULE: Temporary Positions</td>
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<tr>
<td>DEPARTMENT: Food and Nutrition Services</td>
<td>WORK DAYS: As needed</td>
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<tr>
<td>REPORTS TO: Principal</td>
<td>PAY GRADE: N/A</td>
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<td>FLSA: Non-Exempt</td>
<td>PAY FREQUENCY: Varies based on primary job</td>
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<td>PRIMARY FUNCTION: Monitor students conduct in the lunchroom and take appropriate action as needed to provide a clean safe environment.</td>
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REQUIREMENTS:

1. Educational Level: None; High School Diploma or GED preferred
2. Certification/License Required: None
3. Experience: None
4. Physical Activities: Routine physical activities that are required to fulfill job responsibilities; bending, stooping, cleaning, lifting, etc.; exposure to cleaning chemicals
5. Knowledge, Skills, & Abilities: Written and oral communication; appropriate demeanor with children

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. Demonstrates courtesy and assistance to students, parents and staff.
3. Cleans and sanitizes cafeteria tables using proper procedures and appropriate chemicals.
4. Implements cafeteria plan on a consistent basis.
5. Informs administration of needs and concerns as related to assigned duties.
6. Assists with clean up and spills, etc.
7. Monitors student cleanup.
8. Replenishes utensils, napkins and condiments as needed.
9. Demonstrates appropriate glove usage when handling utensils, napkins and condiments.
10. Dismisses students in an organized manner.
11. Adheres to FNS approved dress code for Lunchroom Monitors (shirts with sleeves, pants or skirts below the knee, closed-toe and closed-heel shoes) and personal hygiene standards.
12. Performs other duties as assigned by appropriate administrator.

Signature of Employee ________________________________ Date ____________________

Signature of Supervisor ________________________________ Date ____________________