## JOB DESCRIPTION

<table>
<thead>
<tr>
<th>POSITION TITLE:</th>
<th>School Crossing Guard</th>
<th>JOB CODE:</th>
<th>TM12</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIVISION:</td>
<td>Operational Support</td>
<td>SALARY SCHEDULE:</td>
<td>N/A</td>
</tr>
<tr>
<td>DEPARTMENT:</td>
<td>CCSD Police Department</td>
<td>WORK DAYS:</td>
<td>School Calendar plus 1 Day</td>
</tr>
<tr>
<td>REPORTS TO:</td>
<td>Chief of Police</td>
<td>PAY GRADE:</td>
<td>N/A</td>
</tr>
<tr>
<td>FLSA:</td>
<td>Non-Exempt</td>
<td>PAY FREQUENCY:</td>
<td>Bi-Weekly</td>
</tr>
</tbody>
</table>

### PRIMARY FUNCTION:
Directs the flow of traffic at schools only for the purpose of creating a safety gap to facilitate the safe crossings of roadways by children and buses.

### REQUIREMENTS:
1. Educational Level: High School Diploma or GED required
2. Certification/License Required: Valid Georgia driver’s license
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. Supervises and assists with the safe movement of children across roadways when arriving to and departing from school.
3. Assists in the moving of school buses to and from the school campus.
4. Promotes the safe behavior of children while in the operating zones of the crossing guard.
5. Maintains a professional demeanor and is courteous to the children and to drivers.
6. Uses hand and arm signals, giving clear direction to children and motorists.
7. Remains attentive and alert while on duty.
8. Presents a professional appearance.
9. Reports problems, unsafe conditions, violations, and incidents to the supervisor.
10. Uses discretion with decisions to stop traffic for school buses.
11. Performs other duties as assigned by appropriate administrator.

Signature of Employee_________________________________________ Date _________________

Signature of Supervisor________________________________________ Date _________________