

NAME:

TITLE: Operations Secretary

QUALIFICATIONS:

1. High School Diploma or equivalent.
 2. Ability to communicate effectively with a variety of people under pressure.
 3. Ability to type accurately at a rate of 60 wpm.
 4. Skill in using spread sheet, data base, & other software
 5. Experience equivalent to four years at the secretarial level
 6. Knowledge of Federal/State/Local Regulations concerning safety, AHERA, OSHA, ADA, etc.
 7. Lifting ability up to forty pounds
 8. Ability concerning confidentiality of information and professionalism regarding sensitive matters
 9. Ability to organize and prioritize work
 10. Such alternatives to the above qualifications as the Board may find appropriate and acceptable.
 11. Certificate of good health.

REPORTS TO: Director of Operations

TERMS OF EMPLOYMENT: Twelve month year. Days and hours to be established by the Board.

EVALUATION: Performance of this job will be evaluated in accordance with provisions of the Board's policy on Evaluation of Support Services Personnel.

JOB GOAL: To provide varied and responsible secretarial and administrative support to Operations Office.

PERFORMANCE RESPONSIBILITIES:

<i><u>Meets Expectations</u></i>	<i><u>Needs Emphasis</u></i>
_____	12. Assist in monitoring all OSHA, Americans with Disabilities Act (ADA), and AHERA compliance regulations. Assist with annual policy and procedure updates.
_____	13. Work with Operations Director in monitoring and conducting employee training programs.
_____	14. Perform other duties as requested by my immediate supervisor.
_____	Attendance
_____	Punctuality
_____	Dependability
_____	Relationship with Other Personnel
_____	Relationship with Students/Public
_____	Quality of Work
_____	Cooperation
_____	Work Habits (Neatness, Speed, Etc.)
_____	School Ethics (Confidentiality, Loyalty)
_____	Other
_____	_____
_____	_____
_____	_____

EVALUATION SUMMARY

I believe that this employee's major strong points are:

1. _____

2. _____

3. _____

I believe that the following areas need improvement:

1. _____
2. _____
3. _____

I have read this evaluation and have had a conference with the evaluator. Yes No

I agree with the evaluator. Yes No

If no, with what specific statement(s) do you disagree?

Signature of Evaluator _____ Date: _____

Signature of Employee: _____ Date: _____