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|  | Date Revised: 7/30/2024 |
| STAFF Position Description |

**Instructions:** C*omplete this form for all staff positions. The form is also used to request a classification review of a currently filled position, or to update a position description with no review requested. After completion of the form, a signed copy should be given to the employee (if the position is filled), one copy forwarded to the Office of Human Resources, and the original electronic version maintained by the department.* [NOTE: This form is unlocked; you will need to **Ctrl + Click** to open links.]

**A. Action Requested**

Request a New position OR  Fill a Vacant position *(Must initiate through online recruitment)*  
 Initiate a Classification Review for a filled position

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| **Requestor:**  Employee OR  MPP Administrator | **Name:** |

Update an existing position description *(no review requested)*

New Employee/Appointment acknowledgment of the position description *(no review requested)*

*(Employee should be given full position description within one week of start date)*

**B. Current Information**

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| **Name of current incumbent:** *(if filled)* | | | | | | | | **Employee ID #:** | |
| *Or if vacant*, *name of previous incumbent*: Jessica Mendez (103273376) | | | | | | | | | |
| **Classification Title:** SSP II | | | | **Job Code:** 3082 | | | **Grade:** 1 | **Position #:** 99740744 | |
| **Working Title:** *(optional*)  Disability Management Counselor | | | | | | [**FLSA**](https://www.csun.edu/sites/default/files/CSU-Staff-Job-Codes.pdf) **Status:** Exempt  *(See link to* [***CSU FLSA/Job Code List***](https://www.csun.edu/sites/default/files/CSU-Staff-Job-Codes.pdf)*)* | | | |
| **Department ID:** 10180 | **Department Name:** Disability Resources and Educational Services | | | | | | | | **Time Base:** 1.0 |
| **Lead** *(Staff lead, if applicable)*  **Name:** Joaquin Marinez | | **Classification Title:**  SSP IV | | | **Working Title:**  Assistant Director | | | | |
| **MPP Administrator/Department Chair** *(Reports To)*  **Name:** Jodi Johnson | | | **Working Title:**  Director | | | | | | |

*Please attach an org chart, if requesting a reorganization (current and proposed) (See link to* [***Campus Org Chart***](https://www.csun.edu/hr/orgchart)*)*

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| **Is this a sensitive position as designated by the CSU?**  Yes  No *(See link to* [***Sensitive Positions Table***](http://www.csun.edu/sites/default/files/sensitive-positions-table1.pdf)) |

**C. Position Purpose** *(Hint: Complete Section D. first and then summarize position’s purpose; typically between 2 to 5 sentences)*

*Please briefly describe the primary function, nature, and scope of the position.*

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| |  | | --- | | Under the general direction of the Director through an interactive process, determines appropriate accommodations for students with disabilities and works with the students, staff and faculty to ensure the provision of the accommodations. Provides support services to students with disabilities including outreach, disability management counseling, self-advocacy, strengths assessments, learning strategies and career counseling. Provides information resources for prospective students, staff and faculty on disability issues and the provision of college access and accommodations through various means including social media. | |

**D. Major Duties**

*Describe each major set of responsibilities assigned to this position (typically 4 to 7) listing them in order of importance. Indicate the approximate percentage (minimum of 5% for a given major duty, with the total equaling 100%) of time spent in each area of responsibility, estimated over a year timeframe. Miscellaneous or other duties as assigned should be 5%.*

*Indicate duties, which are “****essential functions****” by checking the Essential box in the right column (15% or greater to be considered essential).*

*The Americans with Disabilities Act (ADA) provides that there shall not be a barrier to employment for an otherwise qualified disabled individual who is able to perform the “****essential functions****”, which is intrinsic to the work.* ***A function may be essential because******1)*** *the position was established to perform the function;* ***2)*** *a limited number of employees are available to perform the function; and/or* ***3)*** *removing the function would fundamentally change the position.  (Example: A receptionist must be able to respond to in-person, telephone and electronic inquiries).*

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| **Description of Duties** | **% of Time Total = 100** | **Essential  (Minimum 15%)** |
| Under the general supervision of the Director, provides disability management counseling, including basic intakes, for students one-on-one utilizing a positive, strengths-based philosophy. Assists students in developing self-advocacy skills. Provides appropriate referrals to campus and community resources. Assists students with educational, social and adjustment problems related to their disabling condition and learning experience at California State University Northridge providing proper referrals and educational counseling. Engages students in self-assessment helping them to understand their strengths and weaknesses and teaching them how to utilize compensatory strategies to draw upon strengths and mitigate weaknesses. Facilitates utilization of StrengthsQuest and conducts debriefing sessions with students. | 70 |  |
| Provides skill development activities for students related to securing learning strategies, scholarships, career development/preparation and sub group need (i.e. students with executive functioning challenges). | 20 |  |
| Assists in providing information for prospective students, students, faculty, staff and parents in matters related to the procedures for securing disability related accommodations and general information about the services provided by the department, including developing departmental social media content. | 5 |  |
| Other duties as assigned by the Assistant Director or Director. | 5 |  |
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**E. Physical and Cognitive Demands; and Environmental Conditions**

*Check the appropriate box for each of the following items that most accurately describes the minimum extent of the specific activity performed by this position. Based on a typical workweek.*

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| **PHYSICAL DEMANDS** | **Greater than**  **50%** | **Less than**  **50%** | **N/A** |  |  | **Greater than**  **50%** | **Less than**  **50%** | **N/A** |
| 1. Key Boarding and Mousing |  |  |  |  | 1. Lifting or Carrying |  |  |  |
| 1. Repetitive Motion of upper extremities |  |  |  |  | 1. Up to 10 lbs. |  |  |  |
| 1. Hearing |  |  |  |  | 1. Up to 25 lbs. |  |  |  |
| 1. Sight |  |  |  |  | 1. Up to 50 lbs. |  |  |  |
| 1. Sitting |  |  |  |  | 1. Over 50 lbs. |  |  |  |
| 1. Standing |  |  |  |  | 1. Pushing or Pulling |  |  |  |
| 1. Walking |  |  |  |  | 1. Up to 10 lbs. |  |  |  |
| 1. Bending *(from waist or neck)* |  |  |  |  | 1. Up to 25 lbs. |  |  |  |
| 1. Climbing *(Ladders, stairs or stools)* |  |  |  |  | 1. Up to 50 lbs. |  |  |  |
| 1. Stooping, Kneeling, or Squatting |  |  |  |  | 1. Over 50 lbs. |  |  |  |
| 1. Reaching |  |  |  |  |  |  |  |  |

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| **ENVIRONMENTAL CONDITIONS** | **Greater than**  **50%** | **Less than**  **50%** | **N/A** |
| 1. Inside *(Typical office environment)* |  |  |  |
| 2. Elevated Work *(Raised platform/scaffold)* |  |  |  |
| 1. Extreme Temperature *(hot or cold)* |  |  |  |
| 1. Outdoor |  |  |  |
| 1. Hazards |  |  |  |

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| **OTHER**  *Describe any additional demands/conditions or special circumstances (including special schedules) that are pertinent to the position.* |
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**F. Equipment** *List any special software and machines, tools, and equipment used on a regular basis.*

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| **Type** | **Purpose and Desired Results** |
| *Example A1) Lawn Mower Example B1) Microsoft Word* | *Example A2) Mowing grass Example B2) Create or update documents* |
| MS Office Suite | Correspondence, Reports, Data Tracking, and Information Research |
| Zoom, Box, Canvas, and Jabber | Virtual Collaboration and Communication |
| Adobe Pro or Suite | Creation of accessible forms and documents |
| Student Access and Accommodation System, OnBase, and SOLAR | Information gathering and data recording |

**G. Training and/or Licenses; and Additional Experience, Knowledge, Skills, and Abilities**

**(A). Training and/or Licenses:** *List required and preferred training, licenses or certifications. If a license is required for any position outside of the* [*CSU Professional License Table*](https://www.calstate.edu/hrpims/pims/Appendix/professional_license_table.htm)*, a justification must be provided in description.* ***\*****Any CSU/CSUN “Required” training will be provided after starting the appointment.*

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|  | **Required** | **Preferred** | **N/A** |
| **\***CSU Sexual Harassment Prevention / Title IX / Data Security Training *(Required for ALL employees)* |  |  |  |
| **\***CSUN Procurement Card (P-Card) Training |  |  |  |
| **\***CSUN [Defensive Driver Training](https://www.csun.edu/ehs/request-defensive-driving-powered-cart-training)  and Powered Cart/Low Speed Vehicle Safety Training (if appl) |  |  |  |
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| **(B). Additional Experience, Knowledge, Skills, and Abilities:***List additional knowledge, skills, abilities and unique experience. Human Resources will determine the minimum qualifications based on the CSU Classification Standards.* | | | |
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**H. Lead or Oversight of Other Positions**   Yes  No (Please list below) *List positions (including Student Assistants and Volunteers) that incumbent will lead, oversee or provide direct or general work direction, if applicable. (Generally, non-MPP Staff may lead, oversee, coordinate, and provide input for hiring and evaluations to MPP Administrators. Management and supervision authority is held at the MPP Administrator level.):*

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| **Working Title** *(if applicable)* | **Classification Title** | **Position Number(s)** |
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**I. Changes in Position**

*Summarize the changes (including minor updates, additions, and removals) that have been made to the position since it was last reviewed.*

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| None |

**J. Signatures** *(Print, sign and date below)*  **EMPLOYEE** (*Acknowledgement of reading and receiving a copy of this job description*)

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| **Employee:** | **Signature:** | **Date:** | **Extension:**  **2264** |
| **LEADS / MPP ADMINISTRATORS** (*Acknowledgement that the information is accurate*) | | | |
| **Non-MPP Lead:** *(if applicable)*  **Joaquin Marinez** | **Signature:** | **Date:** | **Extension:**  **2263** |
| **1st level MPP Administrator/Dept. Chair:** *(required)*  **Jodi Johnson** | **Signature:** | **Date:** | **Extension:**  **5660** |
| **2nd level MPP Administrator:** *(if applicable)*  **Freddie Sanchez** | **Signature:** | **Date:** | **Extension:** |
| **3rd level MPP Administrator:** *(if applicable)* | **Signature:** | **Date:** | **Extension:** |
| **4th level MPP Administrator:** *(if applicable)* | **Signature:** | **Date:** | **Extension:** |