|  |  |
| --- | --- |
|  | Date Revised: 08/07/2024 |
| 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 (**hrclass-comp@csun.edu**), 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 [x]  Fill a Vacant position *(Must initiate through online recruitment)*
[ ]  Initiate a Classification Review for a filled position

|  |  |
| --- | --- |
| **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**

|  |  |
| --- | --- |
| **Name of current incumbent:** *(if filled)*  | **Employee ID #:**  |
|  *Or if vacant*, *name of previous incumbent*: Michelle Rutledge |
| **Classification Title:** Admin Support Coordinator 12 Mo  | **Job Code:** 1035  | **Grade:** 2 | **Position #:** 99739005 |
| **Working Title:** *(optional*)Department Coordinator  | [**FLSA**](https://www.csun.edu/sites/default/files/CSU-Staff-Job-Codes.pdf) **Status:** Nonexempt*(See link to* [***CSU FLSA/Job Code List***](https://www.csun.edu/sites/default/files/CSU-Staff-Job-Codes.pdf)*)* |
| **Department ID:** 10122 | **Department Name:** Educational Psychology & Counseling  | **Time Base:** 1.0 |
| **Lead** *(Staff lead, if applicable)***Name:**  | **Classification Title:**  | **Working Title:** |
| **MPP Administrator/Department Chair** *(Reports To)***Name:** Alberto F. Restori | **Working Title:**Department Chair |

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

|  |
| --- |
| **Is this a sensitive position as designated by the CSU?** [x]  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.*

|  |
| --- |
| Under the supervisor of the Department Chair, the administrative coordinators oversees the day-to-day operations the department office and staff and is the main administrative support provider to the department Chair. Maintains and tracks the department’s financial matters, including payments to personnel and vendors, financial reconciliation, and purchasing; processes the hiring of part-time faculty, maintains records of the workload, and evaluation of all faculty. Under the guidance of the Department Chair, assists with building the Schedule of Classes and secures classrooms and records the minutes of department meetings; and assists the Chair and Department Personnel Committee (DPC) with personnel procedure documents. Coordinates the department student supervision assessment system, coordinates special events for the department, and provides lead direction to student assistants. Fills in for other staff as needed for general reception duties. |

**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).*

|  |  |  |
| --- | --- | --- |
| **Description of Duties**  | **% of TimeTotal = 100** | **Essential (Minimum 15%)**  |
| **Department Chair Administrative Support** – Assists with coordination of:* Builds the Schedule of Classes; onboarding of part-time faculty and student assistants
* Reporting of faculty workloads, department meetings, and department communications (orally and in written form)
* Overseeing, maintaining and tracking all the department’s financial matters including and not limited to monthly financial reconciliation, purchasing supplies, vendor payments, faculty reimbursements, faculty special pay, monitoring of multiple department funds, ensuring expense allocation accuracy, non-employee compensations, and other financial matters.
* Overseeing and accuracy of the EPC staff’s monthly absence report submissions, student assistant’s monthly timesheets, and distribution of pay warrants.
* Provides assistance and coverage in the event of another staff member’s absence
* Provides lead direction to student assistants and department Admin Support Assistant II
* Prepares the Academic Planning Database (APDB) reports
* Prepares and sends correspondence (e.g., letters, memos, emails, financial reports, and other types of correspondence) to students, faculty, and other departments within CSUN as needed
* Plans and coordinates special events
* Maintains and secures confidential documents (e.g., student forms and other academic records), and other general materials
* Coordinates the student supervision evaluation assessment system
 | 70 | [x]  |
| **Faculty Administrative Support:** * Fully responsible for the student faculty evaluation process (administration and reporting)
* Maintains and secures all part-time faculty personnel files
* Prepares part-time faculty teaching contracts
* Submits and verifies accuracy of the part-time faculty payroll
 | 25 | [x]  |
| Performs other duties as assigned.  | 5 | [ ]  |

**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.*

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

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

|  |
| --- |
| **OTHER**  *Describe any additional demands/conditions or special circumstances (including special schedules) that are pertinent to the position.* |
|  |

**F. Equipment** *List any special software and machines, tools, and equipment used on a regular basis.*

|  |  |
| --- | --- |
| **Type**  | **Purpose and Desired Results**  |
| *Example A1) Lawn Mower Example B1) Microsoft Word* | *Example A2) Mowing grass Example B2) Create or update documents* |
| Windows or Mac | Creating, maintain, and using word-processed memos and letters, reports, spread sheets |
| Solar | Building Schedules of Classes, managing student resignation and records, maintaining department financial records, establishing faculty workloads, submitting requisitions, assessments  |
| MyCSUNBox  | Creating, maintaining, and updating department’s records in the cloud  |

**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.*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Required** | **Preferred** | **N/A** |
| **\***CSU Sexual Harassment Prevention / Title IX / Data Security Training *(Required for ALL employees)* | [x]  |  |  |
| **\***CSUN Procurement Card (P-Card) Training | [ ]  | [x]  | [ ]  |
| **\***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) | [ ]  | [x]  | [ ]  |
| **(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.* |
|  |

**H. Lead or Oversight of Other Positions**  [x]  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.):*

|  |  |  |
| --- | --- | --- |
| **Working Title** *(if applicable)* | **Classification Title** | **Position Number(s)** |
| Administrative Support Assistant II | Admin Support Assistant 12 mo  | 1032 |
| Student Assistant  | Student Assistant  | 1870, 1868 |

**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.*

|  |
| --- |
|  |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee:**  | **Signature:**  | **Date:**  | **Extension:**  |
| **LEADS / MPP ADMINISTRATORS** (*Acknowledgement that the information is accurate*) |
| **Non-MPP Lead:** *(if applicable)* | **Signature:**  | **Date:**  | **Extension:**  |
| **1st level MPP Administrator/Dept. Chair:** *(required)* | **Signature:**  | **Date:**  | **Extension:**  |
| **2nd level MPP Administrator:** *(if applicable)* | **Signature:**  | **Date:**  | **Extension:**  |
| **3rd level MPP Administrator:** *(if applicable)* | **Signature:**  | **Date:**  | **Extension:**  |