

JOB DESCRIPTION AUTHORIZATION SUMMARY



JOB TITLE (Requested): Assistant Supervisor - Distribution Services
 DIVISION: District Operations
 DEPARTMENT: Procurement and Distribution Services
 CREATED/REQUESTED BY: Kristine Rodriguez
 BOARD AGENDA DATE (Requested): 07/14/2020

- NEW
 REVISED
 RECLASSIFICATION
 TITLE CHANGE
 OTHER

Requested Date MUST BE at least eight (8) weeks prior to submission of this form.

JOB INFORMATION REQUEST – TO BE COMPLETED BY REQUESTOR

1. **Agenda Justification/Discussion:** *The text below will be copied and pasted verbatim into the Board Agenda item. Please include all pertinent data regarding this request.*

Revise the existing Specialist – Warehouse Operations job description to be Assistant Supervisor – Distribution Services (NB 14)
 o For a team of this size and the functions provided by Distribution Services, it is necessary to have an Assistant Supervisor position that can act on behalf of the Supervisor in their absence. This revision will also put in place a progression plan. The qualifications and functions of the position have been revised accordingly.

2. Does this request affect multiple Divisions/Departments? Yes No

3. Reports to: Supervisor - Distribution Services

4. Does this request affect current employees? *If "YES", please write a brief explanation. Otherwise, proceed to No. 5.* Yes No

5. Does the job description replace or revise a current job description? *If "YES", please continue. Otherwise, proceed to No. 6.*

a. Current job description title: Specialist - Warehouse Operations

b. The following categories have been revised:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Job Summary/Scope/Goal | <input type="checkbox"/> Certificates, Licenses, and Registrations |
| <input checked="" type="checkbox"/> Performance Responsibilities | <input type="checkbox"/> Knowledge, Skills, and Abilities |
| <input checked="" type="checkbox"/> Qualifications | <input checked="" type="checkbox"/> Education, Training, and Experience |
| <input type="checkbox"/> Other: _____ | |

6. Funding Source:

<u>100</u>	<u>9680</u>	<u>001001</u>	<u>7760</u>	<u>161</u>	<u>000</u>	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Revised	<input checked="" type="checkbox"/> No Change
FUND	SITE	PROJECT	FUNCTION	OBJECT	PROGRAM			

DIVISION/DEPARTMENT CHECK LIST

- Draft/Revised Job Description Uploaded to SharePoint
 Reviewed with Compensation Services
 Organizational Chart Before & After (Attached) *If applicable*
 Manpower Allocation Form (Attached) *If applicable*

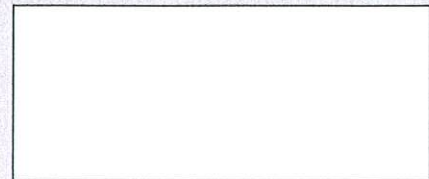
Rodriguez.Kristine@Procurement & Distribution Services
 Digitally signed by Rodriguez.Kristine@Procurement & Distribution Services
 Date: 2020.06.11 12:48:51 -04'00'

Author/Requestor _____ Date _____
 Director or Above

HR USE ONLY

Compensation

- | | | | |
|-----------------------|------------------------------|----------------------------------|------------------------------------|
| Classification: _____ | <input type="checkbox"/> New | <input type="checkbox"/> Revised | <input type="checkbox"/> No Change |
| Pay Grade: _____ | <input type="checkbox"/> New | <input type="checkbox"/> Revised | <input type="checkbox"/> No Change |
| Pay Type: _____ | <input type="checkbox"/> New | <input type="checkbox"/> Revised | <input type="checkbox"/> No Change |
| Schedule: _____ | <input type="checkbox"/> New | <input type="checkbox"/> Revised | <input type="checkbox"/> No Change |
| FLSA Status: _____ | <input type="checkbox"/> New | <input type="checkbox"/> Revised | <input type="checkbox"/> No Change |
| Evaluation: _____ | <input type="checkbox"/> New | <input type="checkbox"/> Revised | <input type="checkbox"/> No Change |



Position Control

- | | | | |
|-----------------------|------------------------------|----------------------------------|------------------------------------|
| Job Title Code: _____ | <input type="checkbox"/> New | <input type="checkbox"/> Revised | <input type="checkbox"/> No Change |
| DOE Value: _____ | <input type="checkbox"/> New | <input type="checkbox"/> Revised | <input type="checkbox"/> No Change |
| EEO Code: _____ | <input type="checkbox"/> New | <input type="checkbox"/> Revised | <input type="checkbox"/> No Change |
| Position No.: _____ | <input type="checkbox"/> New | <input type="checkbox"/> Revised | <input type="checkbox"/> No Change |

FINAL REVIEW AND APPROVAL

Novelli.Robin@Operations
 Digitally signed by Novelli.Robin@Operations
 Date: 2020.06.11 12:56:21 -04'00'

Thedy.Beth@Human Resources Services
 Digitally signed by Thedy.Beth@Human Resources Services
 DN: cn=Thedy.Beth@Human Resources Services, email=Thedy.Beth@brevardschools.org, Date: 2020.06.12 07:06:32 -04'00'

Reviewer _____ Date _____
 Cabinet Level Approver

Compensation Recommend for Approval _____ Date _____
 Director of Compensation or Designee