

JOB DESCRIPTION AUTHORIZATION SUMMARY



JOB TITLE (Requested): Coordinator - Distribution Services
 DIVISION: District Operations
 DEPARTMENT: Procurement and Distribution Services
 CREATED/REQUESTED BY: Kristine Rodriguez
 BOARD AGENDA DATE (Requested): _____

- 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 Coordinator – Warehouse job description to be Coordinator – Distribution Services (NB 10)
 Due to the nature of the services provided by Distribution Services, the daily tasks can change at any time. This department supports and adapts to the needs of the District. Whether that be related to an emergency water delivery, emergency and disaster assistance, pick-up of donated materials, deliveries of chairs, tables, coral risers, wrestling mats for special events, etc. It is essential to have a position that can act as a lead and coordinate and reassign the work efforts. The job description has been revised to reflect the actual duties and responsibilities that are required.

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: Coordinator - Warehouse

b. The following categories have been revised:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Job Summary/Scope/Goal | <input checked="" type="checkbox"/> Certificates, Licenses, and Registrations |
| <input checked="" type="checkbox"/> Performance Responsibilities | <input checked="" 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:

100	9680	001001	7760	161	000	<input type="checkbox"/> New	<input checked="" type="checkbox"/> Revised	<input 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*

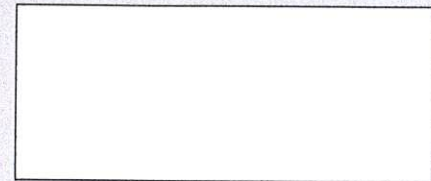
Rodriguez.Kristine@Procurement & Distribution Services
 Digitally signed by Rodriguez.Kristine@Procurement & Distribution Services
 Date: 2020.06.11 12:51:10 -04'00'

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 12:58:24 -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, ou=HR, ou=Users, ou=Prod 2 Users, ou=Thedy.Beth@Human Resources Services, email=Thedy.Beth@Brevardschools.org
 Date: 2020.06.12 07:05:11 -04'00'

Reviewer _____ Date _____
 Cabinet Level Approver

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