

SHAWNEE COUNTY, KANSAS
Position Description
Administration Team Leader

POSITION NUMBER: HA1109

FLSA STATUS: N

POSITION DESCRIPTION

Under general supervision, this position requires considerable initiative, independence and organizational skills and works directly with the Directors. This position supervises and manages facility maintenance staff. This position serves as primary liaison between the SCHA and the County Counselor's office. Performs other duties as assigned. The CHC Director serves as the primary supervisor for this position related to personnel matters. The position also provides support to the LHD Director.

WORK PERFORMED

- 30% Administrative.** Works closely with the Directors in providing administrative support as needed and requires considerable initiative and latitude for exercising independent judgment and decision making involving a wide variety of public and inter-department contacts. This position serves as primary liaison between the SCHA and the County Counselor's office and other county departments as needed. This position serves as an Authorized Requestor and SCHA back-up to the County IT department. Responsible for maintaining meeting minutes as designated by directors.

- 20% Department/Staff Management.** Supervises the work of staff with respect to accountability for performance and behavior including approval of absences to conform with personnel needs, discipline of employees, staff development and training, completion of performance evaluations and other personnel related functions. Participates in the hiring and promotional process. Instructs staff on proper completion of tasks. Inspects and reviews work of staff to ensure that projects are complete. Establishes work schedules and assigns work. Checks work procedures and products.

- 15% Contracts.** Serves as the primary liaison/informational point-of-contact with the County Counselor's office. Develops, tracks, maintains and manages all contract information between the SCHA and the County Counselor's office.

- 15% BCC.** Develops, writes, edits, tracks, maintains and manages Board of County Commission agenda requests/items from the SCHA.

- 15% SOP.** Develops, writes, edits, tracks, maintains and manages the Administration Standard Operating Procedures Manual.

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5% Safety and Security. Maintains/assigns/tracks all interior and exterior door keys and ADT security codes for all SCHA locations as appropriate. Maintains/assigns/tracks SCHA staff parking at all SCHA locations as appropriate.

KNOWLEDGE, ABILITIES AND SKILLS

Knowledge of:

- Modern management techniques including supervisory responsibilities and effective leadership skills.
- Federal, State and County laws and regulations that impact the department and community.
- Services of other departments or social agencies concerned with the welfare of the community.
- Human resources management including hiring practices, disciplinary procedures, terminations, etc.
- Microsoft Office Suite applications.

Ability to:

- Plan and direct the work of others.
- Plan and coordinate training programs for the Agency and other entities.
- Work effectively with personnel and community agencies.
- Communicate effectively, both orally and in writing, using the English language.
- Perform multiple tasks simultaneously.

Skill in:

- Providing leadership and direction to employees.

PHYSICAL REQUIREMENTS

N-Never **O**-Occasional (1%-33%) **F**-Frequent (34%-66%) **C**-Continuous (67%-100%)

| | N | O | F | C | | N | O | F | C | | N | O | F | C |
|-----------------|---|---|---|---|-------------------|---|---|---|---|-----------------------------------|---|---|---|---|
| HANDS | | | | | BODY/TRUNK | | | | | OTHER | | | | |
| Reaching | | | X | | Sitting | | | | X | Driving | | X | | |
| Pushing/Pulling | | X | | | Bending | X | | | | High Elevation | X | | | |
| Climbing | | X | | | Reaching | X | | | | Unprotected Heights | X | | | |
| Throwing | X | | | | Lifting | X | | | | Around Moving Machinery | X | | | |
| ARMS | | | | | Carrying | X | | | | Driving Automotive Equipment | | X | | |
| Reaching | | | X | | Jumping | X | | | | Exposure to Dust, Gases and Fumes | | X | | |
| Lifting | | X | | | Twisting | | X | | | Cramped Body Position | X | | | |
| Pushing/Pulling | | X | | | Squatting | X | | | | Sustained Positions | | | | X |
| Carrying | | X | | | Turning | | | X | | Noise Levels (Excessive) | | X | | |
| Throwing | X | | | | LEGS/FEET | | | | | Electrical Hazards | X | | | |
| EYES | | | | | Walking | | | X | | Slippery Surfaces | X | | | |
| Near Vision | | | | X | Standing | X | | | | Work Above Ground | X | | | |
| Far Vision | | | | X | Sitting | | | X | | Work Below Ground | X | | | |
| Color Vision | | | | X | Carrying | X | | | | Irregular Surfaces | X | | | |
| VOICE | | | | | Climbing | X | | | | Moving Objects | X | | | |
| Talking | | | | X | Jumping | X | | | | In High Volume Traffic | X | | | |
| EARS | | | | | Turning | | X | | | Exposure to Marked Changes in | | | | |
| Hearing | | | | X | Lifting | X | | | | Temperature and Humidity | X | | | |

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EQUIPMENT USED

| | | | |
|----------------------|-------------|--------------|------------------|
| Personal Computer | Photocopier | Calculator | Misc. Equipment |
| Multi-Line Telephone | Fax Machine | Laminator | Office Furniture |
| Printer | Typewriter | Back-Up Tape | |

MINIMUM QUALIFICATIONS

Degree from an accredited college or university in Public Administration, English, Education, Business or closely related field.

Two (2) years' experience in a business/office environment performing relevant duties.

Valid Driver's License.

SPECIAL REQUIREMENTS

Required to pass a pre-employment physical and drug screen.

This Position Description is not designed to list all tasks and responsibilities of this position. Shawnee County reserves the right to revise or change job duties as the need may arise. This Position Description does not constitute a written or implied contract of employment.

I have read and understand the duties and requirements for this position.

| | |
|--|---------------|
| _____ Employee's Signature / Printed Name | _____ Date |
|--|---------------|

| | |
|--|---------------|
| _____ Administering Supervisor's Signature / Printed Name | _____ Date |
|--|---------------|

| | |
|--|---------------|
| _____ Appointing Authority's Signature / Printed Name | _____ Date |
|--|---------------|

Created: 02/05
Revision History: 11/13