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| [www.fsbpt.org](https://www.fsbpt.org/) | Job Description |

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| Job Title: Administrative Assistant | Job Code (to be completed by HR): |
| Grade Level (To be completed by HR): | FLSA Status (To be completed by HR): |
| Supervisor Title: Assistant Director of Exam Services | Department: Exam Services |

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| **Job Summary** |
| In 3 – 4 sentences, briefly but specifically, summarize the primary purpose of the work performed. |
| Provide routine administrative support to all departments and exercise judgment within well-defined limits in the execution of duties. Assist with special departmental projects. Maintain professional approach when dealing with the public and staff, and utilize discretion and good professional judgment when answering questions. Exercise confidentiality with financial, exam related, personnel-related information, credentials reviews and other matters. |

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| **Essential Functions** | | |
| List up to six **essential functions** of the job, indicating the **most important** first, and the approximate percentage of time spent on each over the course of a year. **Only** list any duties or responsibilities that require 10% or more (equivalent to half of a day per week or 5 weeks per year) of the job’s time. | | |
| 1. Cover the front desk, greet visitors, and maintain the visitor log | | |
|  | 30 | % of Time |
| 2. Perform routine administrative tasks as assigned | | |
|  | 25 | % of Time |
| 3. Assist with meeting preparations and follow up tasks | | |
|  | 15 | % of Time |
| 4. Order and maintain supplies for staff | | |
|  | 10 | % of Time |
| 5. Accept and sort all incoming mail and deliveries | | |
|  | 10 | % of Time |
| 6. Assist with special projects as needed | | |
|  | 10 | % of Time |
| May perform other duties and responsibilities as assigned or directed by the supervisor. This may include attendance of and participation in required training for role. | | |
| **Total MUST equal 100%. If not, please adjust your entries.** | 100 | **Total** |

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| **Supervisory Responsibilities** |
| Indicate the type and scope of supervisory responsibilities that most accurately describe this job. **Select only one.** |
| **Direct Supervisor:** Direct authority to make decisions on the following: employee hiring, disciplinary action, starting salaries and merit increases; conduct employee performance evaluations. |
| **Assigned Lead:** May recommend the following: employee hiring, disciplinary action, and starting salaries; provide input on employee performance evaluations. |
| Does not have any supervisory responsibilities. |

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| **Budget Responsibilities** | | | | |
| Select the item(s) below which best describe the job’s involvement in the budgetary process. **Select all that apply.** | | | | |
| No Involvement | Plan/Forecast | Prepare | Approve | Monitor |
| Does the incumbent have signature authority for purchasing?  Yes  No | | | | |
| If Yes, please provide dollar amount: $ | | | | |
| If job has budgetary responsibility, please provide the budget amount for which incumbent has primary responsibility (include grants, if applicable): $ | | | | |

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| **Education** |
| Indicate the **minimum** **level** of education generally necessary to effectively perform the job’s essential functions. If a higher level of education is preferred, please indicate that as well. **Select only one educational level in each column.** |
| |  |  |  |  | | --- | --- | --- | --- | | Required | Preferred | Level of Education | Field of Study | |  |  | Doctoral/advanced degree |  | |  |  | Master’s degree |  | |  |  | Bachelor’s degree |  | |  |  | Associate’s or vocational/ technical school degree |  | |  |  | Vocational or technical training |  | |  |  | High school diploma or GED |  | | Other professional licensures, certifications, or designations required: | | | | | If experience can be substituted for the education above, please describe. | | | | |

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| **Work Experience** |
| Indicate the **minimum level** of work-related experience required to effectively perform the job’s responsibilities. This is not necessarily the same as the incumbent’s experience. **Select only one.** |
| Less than 12 months  1 – 3 years  3 – 5 years  5 – 8 years  More than 8 years |

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| **Required Knowledge, Skills, and Abilities:** |
| Describe the type and level of knowledge, skills, and abilities required to perform the essential functions of this job. |
| Outstanding interpersonal skills and communication skills. Must be reliable, organized, and able to meet strict deadlines. Ability to manage a variety of projects simultaneously. Knowledge of Microsoft Office Suite and standard office equipment. |

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| **Physical/Environmental Demands** |
| Indicate the typical physical and/or environmental demands required to effectively handle the job responsibilities and their frequency. S**elect only one.** |
| Office environment/no specific or unusual physical or environmental demands |
| Specific physical requirements or environmental exposures. If checked, complete the Additional Work Environment Questions in the Addendum |

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| **Work Hours and Travel** | | | |
| **Select all that apply.** | | | |
| Work hours and location may be flexible under some circumstances | | |  |
| Full-time | Part time *(specify number of hours per week)* | | |
| Evening, holiday, or weekend work required | | | |
| Occasional, *please* *describe* |  | | |
| Regular, *please describe* |  | | |
| Periods of high volume/work load, *please describe* | | Meeting preparation or special projects | |
| Occasional travel required. *Please describe distance, frequency, trip duration, etc.* | | | |
| Extensive travel required. *Please describe distance, frequency, trip duration, etc.* | | | |

**This general outline illustrates the type of work that characterizes the job. It is not an all-encompassing statement of the specific duties, responsibilities, and qualifications.**

**APPROVAL SIGNATURES** *(Typed name is acceptable for electronic submission)*

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| --- | --- | --- |
| Ashley Ray | Ashley Ray | 2/28/2023 |
| Supervisor Name | Supervisor Signature | Date |
| Christine Sousa | Christine Sousa | 2/28/2023 |
| Appropriate Leadership Team Member Name | Appropriate Leadership Team Member Signature | Date |