

HILLSBORO SCHOOL DISTRICT 1 J
JOB DESCRIPTION
Employee Benefits Receptionist

IMMEDIATE SUPERVISOR Benefit Specialist/Chief Financial Officer

GENERAL DUTIES

This position works with the benefits specialist to provide written and oral communication with employees and vendors regarding District benefit packages.

ESSENTIAL REQUIREMENTS

- A. A minimum of a high school diploma or its equivalent
- B. Relevant post high school course work in benefits preferred
- C. Experience with computerized payroll and personal computers
- D. Have basic level knowledge of Excel
- E. Basic level database knowledge of the Internet, email and Microsoft Word
- F. Ability to work effectively in an organizational environment with employees of widely varied backgrounds and expertise
- G. Must be able to interpret instructions and issues that arise, and then implement actions according to administrative policies and procedures
- H. Excellent “face-to-face” and telephone communicator with exceptional organizational skills
- I. Ability to effectively work and communicate with students, parents, and school personnel from diverse cultures or backgrounds in English, Spanish, or other languages related to the job
- J. The ability to work harmoniously with others

ESSENTIAL RESPONSIBILITIES

- A. Create financial reports using Excel spreadsheets
- B. Communicate efficiently via written media
- C. Work with insurance providers
- D. Assist in problem resolution through oral and written communications
- E. Work with the Payroll Supervisor and Benefits Specialist as needed
- F. Pursue professional development of skills and knowledge necessary for the effective performance of the role
- G. Cultivate and model a respectful working and learning environment.

This organization believes that each employee makes a significant contribution to our success. That contribution should not be limited by the assigned responsibilities. Therefore, this position description is designed to outline primary duties, qualifications and job scope but not limit the incumbent nor the organization to the work identified. It is our expectation that each employee will offer his/her services wherever and whenever necessary to ensure the success of our endeavors.

PHYSICAL REQUIREMENTS FOR ESSENTIAL RESPONSIBILITIES

In 8-hour workday, this job requires:

- R – Rarely (Less than .5 hr per day)
- F – Frequently (2.5 – 5.5 hrs per day)
- NA – Not Applicable
- O – Occasionally (.5 – 2.5 hrs per day)
- C – Continually (5.5 – 8 hrs per day)

Physical Requirements	NA	R	O	F	C
Sitting				X	
Stationary Standing			X		
Walking (level surface)				X	
Walking (uneven surface)			X		
Crawling	X				
Crouching (bend at knees)			X		
Stooping (bend at waist)			X		
Twisting (knees/waist/neck)			X		
Turn/pivot			X		
Climbing (stairs)		X			
Climbing (ladder)	X				
Reaching overhead		X			
Reaching extension		X			
Repetitive use arms			X		
Repetitive use wrists			X		
Repetitive use hands grasping		X			
Repetitive use hands squeezing		X			
Fine manipulation	X				
Using foot control	X				
*Pushing/Pulling Maximum weight: 40 lbs.			X		
*Lifting/Carrying Maximum weight: 40 lbs.			X		

*Identify items typically moved: _____

WORK PLACE EXPECTATIONS

- A. Work effectively with and respond to people from diverse cultures or backgrounds
- B. Demonstrate appropriate judgment in behavior, speech, and dress
- C. Have regular and punctual attendance
- D. Confer regularly with immediate supervisor and work under direction of licensed staff
- E. Follow all District policies, work procedures, and reasonable requests by proper authority.
- F. Maintain integrity of confidential information relating to a student, family, colleague or District patron

EMPLOYEE STATEMENT

“I have reviewed the above position and understand its contents.”

“I am aware that my position description may be revised or updated at any time and that I remain responsible for knowledge of its contents.”

“I hereby certify that I possess the physical and mental ability to fulfill the essential functions of the above position with or without reasonable accommodation(s). If I require accommodation(s) in order to fulfill any or all of these functions, I agree to provide information to the District regarding the requested accommodation(s).

Employee Name (print)

Date

Employee Signature

Date

12-Month Office Support Pay Schedule

Pay Grade: D

Last Revised: June 2007