

DEPARTMENT OF JUSTICE
DIVISION OF LAW ENFORCEMENT
OFFICE OF THE CHIEF
420-710-1120-901

JOB TITLE: Seasonal Clerk

STATEMENT OF DUTIES: The Seasonal Clerk (SC) will perform a variety of routine and less complex duties in accordance with established procedures associated with the various units within the Division of Law Enforcement, Office of the Chief (OC).

SUPERVISION RECEIVED: Reports directly to the Office of the Chief's Staff Services Manager (SSM) I.

SUPERVISION EXERCISED: None.

TYPICAL PHYSICAL DEMANDS: Ability to lift and move up to 20 pounds.

TYPICAL WORKING CONDITIONS: Enclosed office space in a smoke-free environment.

ESSENTIAL FUNCTIONS:

- 45% Maintains Excel spreadsheets to track items submitted to the OC staff. Reviews incoming documents for completeness, legibility, and accuracy. Identifies errors, inconsistencies, and/or discrepancies for upper management review. Submits documentation to designated Divisions for processing, as instructed.
- 35% Assists OC staff with copying and scanning documents. Creates folders and files documents. Maintains electronic files.
- 15% Collects incoming mail and packages, which may be delivered to multiple locations in the building twice daily, and distributes to staff. Prepares and sends certified mail as needed. Assists with occasional high-volume mailings.

MARGINAL FUNCTIONS:

- 5% Works on special projects assigned by OC management.

I have read and understand the essential functions and typical physical demands required of this job (please check one of the boxes below regarding a Reasonable Accommodation):

I am able to complete the essential functions and typical physical demands of the job without a need for a reasonable accommodation.

I am able to complete the essential functions and typical physical demands of the job, but will require a reasonable accommodation. I will discuss my reasonable accommodation request with my supervisor.

I am unable to perform one or more of the essential functions and typical physical demands of the job, even with a reasonable accommodation.

I am not sure that I will be able to perform one or more of the essential functions and typical physical demands of the job, and will discuss the functional limitations I have with my supervisor.

Employee Signature Date

Supervisor Signature Date