



ARIZONA STATE SCHOOLS FOR THE DEAF AND THE BLIND
Class Specification

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<u>DEPARTMENT:</u>	<u>SUBJECT MATTER:</u>	<u>RISK LEVEL:</u>
<u>HUMAN RESOURCES USE ONLY:</u>	<u>PAY GRADE:</u>	<u>FLSA STATUS:</u>
<u>JOB CODE:</u>	<u>CLASS CODE:</u>	<u>EEO CODE:</u>

<u>CLASS SUMMARY</u>

Program Director Approval:

Signature/Date



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TRAINING AND EXPERIENCE:

LICENSING/CERTIFICATION REQUIREMENTS:

- Must be able to pass FBI and State background check or Fingerprint Clearance Card as position requires by policy or Statute
- Defensive Driver Training Program to be completed by all agency personnel that drive on State business



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KNOWLEDGE OF:

- Policies, procedures, and programs of the immediate work unit
- Principles and practices of administration and management
- Agency or program rules, regulations, and operating procedures

DEMONSTRATED SKILL/ABILITY TO:



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ADA AND OTHER REQUIREMENTS:

Physical Activity –

Physical Requirements –

Visual Acuity –

Working Conditions –

Risk Level -



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ESSENTIAL DUTIES: This class specification represents only the core areas of responsibilities; specific position assignments will vary depending upon the needs of the department.	PERCENT OF TIME	FREQUENCY Daily/Monthly /As Required
Must total 100% (F9 to update total)	%	



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EMPLOYEE:

I have reviewed the contents of the position description, and it accurately reflects my job. My acknowledgement indicates that I agree to the duties and tasks as assigned.

Print Name

Signature

Date

SUPERVISOR:

I have reviewed the contents of this position description with the employee.

Print Name

Signature

Date

PROGRAM DIRECTOR/PRINCIPAL:

I have reviewed the contents of the position description, and it accurately describes this position.

Print Name

Signature

Date