

**JOB OPENING**

**ADMINISTRATIVE ASSISTANT TO  
THE HUMAN RESOURCES OFFICE**

**Leyden High School District 212**

DATE: September 8, 2026

|                                       |                                                                                                                                                                                               |
|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b><u>AVAILABLE</u></b>               | Immediately                                                                                                                                                                                   |
| <b><u>SALARY</u></b>                  | \$40.00 per hour                                                                                                                                                                              |
| <b><u>TERMS OF<br/>EMPLOYMENT</u></b> | 12 Months. This is an At Will position.                                                                                                                                                       |
| <b><u>HOURS</u></b>                   | 40 hours per week                                                                                                                                                                             |
| <b><u>BENEFITS</u></b>                | Paid holidays per At Will Handbook<br>Paid sick leave days per At Will Handbook<br>Vacation days per At Will Handbook<br>Insurance participation<br>IMRF participation<br>Term life insurance |

See accompanying job description for details.

If you are interested, please complete an online application at [www.leyden212.org](http://www.leyden212.org).

All applications must be submitted prior to 4:00 on Tuesday, September 22, 2026.



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Brian J. Mahoney, Ed.D.  
Assistant Superintendent of Human Resources

Posted: 9.8.2026



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## Administrative Assistant to the Human Resources Office

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| <b>Assignment:</b>          | <b>12-month IMRF</b>                                               |
| <b>FLSA Status:</b>         | <b>Not Exempt</b>                                                  |
| <b>Location:</b>            | <b>East and West Leyden</b>                                        |
| <b>Terms of Employment:</b> | <b>12-Month Year</b>                                               |
| <b>Wages:</b>               | <b>To be determined by the Board of Education</b>                  |
| <b>Evaluation:</b>          | <b>Board policy on Evaluation of Educational Support Personnel</b> |
| <b>Reports to:</b>          | <b>Assistant Superintendent and ESP Supervisor</b>                 |

### **Preferred Qualifications:**

- Excellent interpersonal and written communication skills, with bilingual abilities in Spanish preferred.
- Five years in an administrative role, human resources preferred.
- Demonstrated professionalism, sound judgment, and superior organizational skills.
- Proficient in Microsoft Office and Google Workspace.
- Proficiency or a willingness to learn human resources information systems (HRIS), business applications, automated workflows, SAP (BI Launch), creative suites and Google Add-ons. Including but not limited to LINQ, Forms and Workflows, InDesign or Canva, and Autocrat.
- Experience in handling sensitive employee issues, records, and disciplinary information with strict confidentiality.

### **Essential Job Functions**

- Coordinate and maintain Human Resources communications, including but not limited to HR website/intranet content, forms, scripts, presentations, and employee memos.
- Maintain data in the HRIS system.
- Answer and screen a variety of incoming telephone calls using discretion and professional judgment to redirect or handle the call within the district office.

# Educate • Enrich • Empower | Students and Communities

## **Performance Responsibilities**

- Prepare a wide variety of materials including but not limited to correspondence, memoranda, speeches, reports, and agendas. Assist Human Resources Office in preparing confidential materials as needed.
- Maintain, coordinate, and facilitate a schedule of appointments, establishing priorities and meeting locations based on the needs of the Human Resources Office.
- Coordinate and maintain records related to guest teachers, student teachers, interns, observers, volunteers, and auxiliary personnel including onboarding, orientation, fingerprinting, and required documentation.
- Prepare and process requisitions, allocate expenditures, and approve invoices for payments within the deadlines.
- Maintain the Activity Master and process all revisions as received.
- Responsible for maintaining the Life After Leyden database for distribution and biannual booklet.
- Contribute to the teacher hiring process by setting up appointments for interviews, preparing contracts and organizing candidate packets for the Board of Education.
- Facilitates annual completion of licensure renewal for all licensed positions.
- Maintain regular, electronic, and follow-up files and related materials for the Assistant Superintendent and/or Human Resources Office.
- In partnership with the Human Resources Specialist, process summer annual HRIS faculty changes.
- Responsible for the end-to-end execution of assigned events, including preparation, setup, event operations, breakdown, and tear-down. Events including but not limited to job fairs, orientations, retirement events, and other events as assigned.
- Assume responsibility of Superintendent's Administrative Assistant in their absence.
- Maintain records for the Leyden Foundation.
- Maintain and distribute the Emergency School Closing packet.
- Assist in establishing and maintaining a budget for the Human Resources Office and Board of Education.
- Assist Human Resources Specialist with parental leaves, leaves of absence, FMLA leaves, and sabbatical leaves.
- Assist with Freedom of Information Act (FOIA) requests and related record gathering as assigned.
- Assist in the development of the seniority lists.
- Assist in the preparation of confidential materials to be used in the collective bargaining process.
- Assist with the administration and maintenance of HR-related systems and records, including employee portals, evaluation systems, and other district platforms.
- Perform other duties as assigned by the Assistant Superintendent for Human Resources, Director of Human Resources and the Educational Support Personnel Supervisor.

## **Physical Demands and Work Environment:**

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is regularly required to stand, walk, sit, bend, write, type, speak, and listen. In addition, the employee may occasionally be required to bend, twist, reach and climb. Specific vision abilities required by this job include close, peripheral and distant vision. Ability to work in an office environment, sitting, standing, light lifting, filing, operating office machines and computers, communicating with staff and others. Occasional lifting, otherwise non-demanding physical office activities.

“Doing what’s best for the kids.”

## Educate • Enrich • Empower | Students and Communities

The noise level in the work environment ranges from quiet/moderate to loud. The employee is frequently required to interact with the other staff. The employee is directly responsible for the safety and well-being of students.

The statements in this job description are intended to describe the general nature and level of the work to be performed by (an) individual(s) assigned to this position. They are not an exhaustive list of all duties and responsibilities related to the position. This job description will be reviewed periodically as duties and responsibilities change with business necessity and School Board Policy and procedures. Essential and marginal job functions are subject to modification.

*The information contained in this job description is for compliance with the American with Disabilities Act (A.D.A.) and is not an exhaustive list of the duties performed for this position. Additional duties are performed by the individuals currently holding this position and additional duties may be assigned.*

Reviewed and Agreed to by: \_\_\_\_\_  
Print Full Name

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Employee Signature

Date

Revised: 9.8.2026

“Doing what’s best for the kids.”



# Benefits Overview

## Introduction & Eligibility

At Leyden High School District 212, we offer comprehensive and competitive benefits to eligible employees and their spouses/dependents, promoting happy and healthy lifestyles and a good work-life balance. Employees can enroll themselves and their spouses/dependents upon hire, during open enrollment, or after a qualifying life event.

This benefits overview outlines D212's benefits, including enrollment details and tips for maximizing your experience. Our program features medical, dental, and voluntary vision plans; flexible spending accounts; life insurance for you and your dependents; and optional voluntary benefits like Accident and Critical Illness.

D212 provides a flexible benefits package that can be customized to fit your needs. Some benefits are shared in cost with employees, and many are paid pre-tax, reducing your payroll taxes.

After your initial eligibility period, you can only make changes during annual enrollment or after a qualifying event, such as marriage, death, birth, or adoption.

## Eligibility:

All employees working 30+ hours per week can participate in our benefits program; including medical, dental. Employees working 20-29 hours per week can participate in any of our voluntary benefit offerings.

You may cover yourself and eligible dependents, including your spouse and dependent children. Non-military dependents can be covered until age 26, regardless of residence or student status. Dependents who have served in the U.S. Armed Forces can be covered until age 30, but must reside in Illinois.

# Insurance Benefits

## Medical

### **Preferred Provider Organization (PPO) | BlueCross BlueShield of Illinois**

A PPO plan offers the freedom to receive care from any in- or out-of-network doctor, specialist or hospital without a referral. You have a deductible to meet and once the deductible is met, coinsurance (or the cost share between you and the carrier) kicks in. The types of medical services that accumulate towards your deductible are inpatient hospital stays, outpatient surgeries, labs (blood work) and x-rays (MRIs, PET scans, CT scans, etc.). If you go to the doctor, see a specialist, utilize the ER or take a prescription drug, you'll pay a copay for those specific services. Copays do not accumulate towards your deductible but they do accumulate towards your overall out-of-pocket maximum.

### **BlueChoice Options (BCO) | BlueCross BlueShield of Illinois**

With a three-tier plan, you have access to a large network of doctors and hospitals, but you also have the chance to save money by utilizing a smaller network.

Tier 1 offers the lowest out-of-pocket costs if using a contracted provider in the BlueChoice Options (BCO) Network. This network covers the Chicago Metro areas in Illinois with contracted providers in Cook, Lake, McHenry, DuPage, Kane, Grundy, Kankakee, Kendall and Will Counties. Be sure to check with BCBS to confirm your provider is participating in this network, or you may incur higher out of pocket expenses. Tier 2 has higher out-of-pocket costs, but is still considered in-network if you use a provider within the larger network. If you reside outside of Illinois, you will be covered at the Tier 1 benefit when you utilize a provider that participates in the Tier 2 network. It's important to check with the carrier if you live in close proximity to the Illinois border because this may not apply.

### **Healthcare Account (HCA) | BlueCross BlueShield of Illinois**

D212 provides an HCA to all employees enrolled in the BCBS of IL Medical PPO Plan or the Medical BCO Plan. Every July 1<sup>st</sup>, \$300 is deposited into the employee's HCA and these funds can be used to satisfy your deductible or out-of-pocket costs. Any unused funds will be rolled over to the following plan year.

## Dental

### **Preferred Provider Organization (PPO)**

This type of dental plan allows the flexibility to select any dentist in-network or out-of-network. By staying in-network, the contract between your dentist and insurance carrier will make your annual benefit period maximum last longer.

Dental coverage focuses on preventive and diagnostic procedures in an effort to avoid more expensive services associated with dental disease and surgery. The type of service or procedure received determines the amount of coverage for each visit. Each type of service fits into a class of services according to complexity and cost.

## Voluntary Vision

Vision insurance helps offset the costs of routine eye exams and also helps pay for vision correction eye wear, like eyeglasses and contacts, that may be prescribed by an eye-care provider.

By accessing in-network vision providers, you're able to reap the benefit of true vision insurance coverage. You're eligible for an eye exam and lenses or contact lenses every 12 months and frames every 24 months. Out-of-network providers will merely offer you an allowance towards your vision services.

# Medical Plan Options – PPO & BlueChoice Options

|                                                                             |  | PPO                              |                              | BlueChoice Options |                                                                     |                              |          |
|-----------------------------------------------------------------------------|--|----------------------------------|------------------------------|--------------------|---------------------------------------------------------------------|------------------------------|----------|
|                                                                             |  | PPO                              | Out-of-Network               | BlueChoice Options | PPO                                                                 | Out-of-Network               |          |
|                                                                             |  |                                  | Balance Billing May Apply*** | Tier 1             | Tier 2                                                              | Balance Billing May Apply*** |          |
| Deductible                                                                  |  |                                  |                              |                    |                                                                     |                              |          |
| Individual                                                                  |  | \$300                            | \$300                        |                    | \$300                                                               | \$600                        | \$1,200  |
| Family                                                                      |  | \$700                            | \$700                        |                    | \$700                                                               | \$1,400                      | \$2,800  |
| HCA (Healthcare Account)                                                    |  |                                  |                              |                    |                                                                     |                              |          |
|                                                                             |  | \$300 (deposited every July 1st) |                              |                    | \$300 (deposited every July 1st)                                    |                              |          |
| Coinsurance                                                                 |  |                                  |                              |                    |                                                                     |                              |          |
|                                                                             |  | 100% / 80%                       | 80% / 70%                    |                    | 100%                                                                | 90% / 80%                    | 60%      |
| Out-of-Pocket Max                                                           |  |                                  |                              |                    |                                                                     |                              |          |
| Individual                                                                  |  | \$400                            | \$2,400                      |                    | \$400                                                               | \$2,400                      | \$4,800  |
| Family                                                                      |  | \$1,100                          | \$7,100                      |                    | \$1,100                                                             | \$7,100                      | \$14,200 |
| Physician Services                                                          |  | In-Network                       |                              | In-Network         |                                                                     |                              |          |
| Preventive Care**                                                           |  | Covered at 100%                  |                              |                    | Covered at 100%                                                     |                              |          |
| Primary Care Visit                                                          |  | 80%*                             |                              |                    | 100%*                                                               |                              |          |
| Specialist Visit                                                            |  | 80%*                             |                              |                    | 100%*                                                               |                              |          |
| Diagnostic Test (x-ray/blood work)                                          |  | Covered at 100%                  |                              |                    | Tier 1: 100%* / Tier 2: 90%*                                        |                              |          |
| Imaging (CT/PET scan, MRIs)                                                 |  | Covered at 100%                  |                              |                    | Tier 1: 100%* / Tier 2: 90%*                                        |                              |          |
| Inpatient Hospital                                                          |  | Covered at 100%                  |                              |                    | Tier 1: 100%*<br>Tier 2: 90%* (Physician Fee) & 80%* (Facility Fee) |                              |          |
| Emergency Room                                                              |  | \$150 copay/visit                |                              |                    | \$150 copay/visit                                                   |                              |          |
| Urgent Care                                                                 |  | Covered at 100%                  |                              |                    | Tier 1: 100%* / Tier 2: 80%*                                        |                              |          |
| Pharmacy Copay (In-Network)^                                                |  |                                  |                              |                    |                                                                     |                              |          |
| Seperate Out-of-Pocket Maximum for Rx - Individual: \$750 / Family: \$2,250 |  |                                  |                              |                    |                                                                     |                              |          |
| Retail (30 Days)                                                            |  | \$5 / \$20 / \$40                |                              |                    | \$5 / \$20 / \$40                                                   |                              |          |
| Mail Order (90 Days)                                                        |  | \$10 / \$40 / \$80               |                              |                    | \$10 / \$40 / \$80                                                  |                              |          |
| Speciality                                                                  |  | \$150                            |                              |                    | \$150                                                               |                              |          |

\*Coinsurance percentage that applies for the insurance company after the deductible has been met

\*\*Please review the BCBS of IL Preventative Care Guidelines; not all preventative care is eligible. Eligible services are based on age and gender and follow federal requirements.

^Pharmacy benefits are managed through CVS Caremark; not BCBS of IL

\*\*\*The amount the plan pays for covered services is based on the allowed amount. If a provider charges more than the allowed amount, you may have to pay the difference.

| Payroll Deductions – Total Monthly Cost | PPO      | BlueChoice Options |
|-----------------------------------------|----------|--------------------|
| Employee Only                           | \$222.74 | \$209.59           |
| Family                                  | \$579.12 | \$544.94           |

# Dental & Voluntary Vision Plan Options

| Plan Details                                                     | Dental – PPO     |
|------------------------------------------------------------------|------------------|
| Network                                                          | Metlife PDP Plus |
| Individual Deductible                                            | \$0              |
| Family Deductible                                                | \$0              |
| Preventive Coinsurance                                           | 80%              |
| Basic Coinsurance                                                | 80%              |
| Major Coinsurance                                                | 50%              |
| Annual Plan Maximum                                              | \$2,000          |
| Orthodontia Coinsurance (Child Only; to age 19)                  | 50%              |
| Orthodontia Lifetime Maximum (Child Only; to age 19)             | \$800            |
| Out-of-Network benefits are based on Reasonable & Customary Fees |                  |

| Plan Details                                                | Voluntary Vision   |
|-------------------------------------------------------------|--------------------|
| Network                                                     | Metlife VSP Choice |
| Exam Copay                                                  | \$10               |
| Material Copay                                              | \$25               |
| Exam Frequency                                              | Every 12 months    |
| Lenses Frequency                                            | Every 12 months    |
| Frames Frequency                                            | Every 24 months    |
| Out-of-Network benefits are based on reimbursement schedule |                    |

| Payroll Deductions – Total Monthly Cost | Dental PPO | Voluntary Vision |
|-----------------------------------------|------------|------------------|
| Employee Only                           | \$11.90    | \$8.61           |
| Family                                  | \$30.52    | \$20.22          |

# Flexible Spending Account (FSA)

Accounts that allow you to save money on a pre-tax basis to pay for qualified medical, dental, and vision expenses, dependent care expenses, and transit and parking expenses you may incur throughout the year. The money you put into your FSA is done so on a pre-tax basis. This means you are lowering your taxable income and also not paying taxes when the money is used for qualified expenses.

You’re eligible to contribute to a Health Care FSA, a Dependent Care FSA, a Transit and Parking FSA. IRS maximums apply. Funds must be used for qualified expenses to avoid penalty.

The maximum you can elect to contribute in 2026 is \$3,400 for Health Care FSA, \$7,500 for Dependent Care FSA, and \$340 for each Transit and Parking FSAs.



# Other Benefits

## Basic Life & Voluntary Life and AD&D Insurance

Basic Life Insurance helps ease your loved ones’ financial burden. To support your family financially in the event of your death, D212 offers a basic life benefit. Full-time 12-month staff have a benefit amount of \$25,000, while full-time 10-month staff have a benefit amount of \$20,000.

The cost of the basic life benefit is 100% paid for by the company.

If you need additional coverage, voluntary life and AD&D insurance is available with a variety of election amounts to choose from. This coverage can be extended to you, your spouse, and your dependents. Please note, this benefit is fully paid by you.

| Voluntary Life and AD&D Insurance |                        |                       |                       |
|-----------------------------------|------------------------|-----------------------|-----------------------|
|                                   | Employee               | Spouse                | Child                 |
| Benefit                           | Increments of \$10,000 | Increments of \$5,000 | Increments of \$5,000 |
| Maximum Election                  | Up to \$500,000        | Up to \$50,000        | \$5,000               |
| Guarantee Issue*                  | \$150,000              | \$20,000              | \$5,000               |

\*Guarantee Issue applies to new hires only

## Voluntary Accident

This policy helps cover out-of-pocket accident costs by paying benefits for each covered injury and treatment, and it pays in addition to any medical plan.

| Covered Accident               | Associated Payout     |
|--------------------------------|-----------------------|
| Emergency Room Visit           | \$150                 |
| Initial Hospital/ICU Admission | \$1,200 / \$2,000     |
| Hospital/ICU Confinement       | \$250 / \$500 per day |
| Fractures & Dislocations       | Up to \$5,000         |

## Voluntary Critical Illness

Critical illness insurance offers a lump sum cash benefit if you or a loved one is diagnosed with a covered condition like heart attack, stroke, or cancer. It provides financial support to focus on recovery and pays benefits independently of your medical plan.

|                            | Employee                                                                     | Spouse   | Child(ren) |
|----------------------------|------------------------------------------------------------------------------|----------|------------|
| Coverage Increments        | \$10,000                                                                     | \$5,000  | \$2,500    |
| Maximum Benefit Amount     | \$20,000                                                                     | \$20,000 | \$10,000   |
| Guarantee Issue Amount     | \$20,000                                                                     | \$10,000 | \$10,000   |
| Benefit Reduction Schedule | 65% of the original amount at age 65<br>50% of the original amount at age 70 |          | None       |

See policy for additional benefits, policy conditions, and limitations.

Supplemental Life and Dependent Life and AD&D rates, Voluntary Accident, and Voluntary Critical Illness rates will be calculated based on your demographics when enrolling in Employer Navigator.

## Carrier Information

| Medical Plans |                                                    |
|---------------|----------------------------------------------------|
| Carrier       | BlueCross BlueShield of Illinois                   |
| Website       | <a href="http://www.bcbsil.com">www.bcbsil.com</a> |
| Phone Number  | See ID Card                                        |

| Dental & Vision |                                                                            |
|-----------------|----------------------------------------------------------------------------|
| Carrier         | MetLife                                                                    |
| Website         | <a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a> |
| Phone Number    | (800) 275-4638                                                             |

| Basic Life & Voluntary Life AD&D |                                                                        |
|----------------------------------|------------------------------------------------------------------------|
| Carrier                          | BlueCross BlueShield of Illinois                                       |
| Website                          | <a href="http://www.bcbsil.com/ancillary">www.bcbsil.com/ancillary</a> |
| Phone Number                     | (800) 778-2282                                                         |

| Prescription Drugs |                                                        |
|--------------------|--------------------------------------------------------|
| Carrier            | CVS Caremark                                           |
| Website            | <a href="http://www.caremark.com">www.caremark.com</a> |
| Phone Number       | (866) 526-9092                                         |

| Flexible Spending Accounts |                                                                  |
|----------------------------|------------------------------------------------------------------|
| Carrier                    | Flex                                                             |
| Website                    | <a href="http://www.myflexaccount.com">www.myflexaccount.com</a> |
| Phone Number               | (866) 472-5351                                                   |

| Voluntary Accident & Critical Illness |                                                                        |
|---------------------------------------|------------------------------------------------------------------------|
| Carrier                               | BlueCross BlueShield of Illinois                                       |
| Website                               | <a href="http://www.bcbsil.com/ancillary">www.bcbsil.com/ancillary</a> |
| Phone Number                          | (800) 778-2282                                                         |



NOTE: This Benefits Summary is merely intended to provide a brief overview of your employer's employee benefit programs. Employees should review the employee handbook and actual plan documents for the precise terms of such programs. In the event of any inconsistency between this Benefits Summary and such governing documents, the governing documents will control. Your employer reserves the sole and absolute discretion and right to interpret, apply, amend, discontinue or terminate, without prior notice, any and all of the benefit programs referenced herein. Voluntary plans are individual policies and are not considered sponsored or endorsed plans by your employer. See a benefit counselor for your customized quote for any additional benefit programs.

A Marsh business