

**Comal County
Job Description**

Job Title: Immunization Staff Nurse II
Department: Public Health
Employee Name:
Salary: Pay Group N10
Location: Comal County
FLSA Status: Nonexempt

Job Code Number: 0324
DOT Code:
Employee ID:
Reports To: Supervisor of Nursing Services
Prepared by: Human Resources
Approved by: Commissioners Court

SUMMARY

To provide immunizations to the public according to the laws and guidelines of the State of Texas.

SUPERVISION RECEIVED

Works under the general supervision of the Supervisor of Nursing Services.

SUPERVISION EXERCISED

None generally.

ESSENTIAL DUTIES AND RESPONSIBILITIES

This is an essential duty position in the event of a designated Public Health emergency. To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. Duties include the following:

1. This position has been identified as an essential duty position. In the event of an emergency, you shall report to work if ordered to do so by either of the following officials or positions: (1) Department Head, (2) County Judge/Emergency Management Coordinator, or (3) a member of Commissioners' Court.
2. Administer immunizations according to the guidelines established by the Texas Department of Health and Comal County Health Department.
3. Develop and conduct educational programs which emphasize the necessity of routine immunizations.
4. Conduct immunization clinics in all areas of Comal County as needed.
5. Assume responsibility for immunization outreach and clinics as directed by Supervisor of Nursing Services.
6. Facilitate patient recall and vaccine inventory as mandated by the Vaccine For Children Program.
7. Detect, record, investigate and report infectious and communicable diseases, reporting to the infectious disease nurse, Supervisor of Nursing Services, and Director of Public Health Services as required.
8. Other duties as assigned by the Supervisor of Nursing Services.

Note: The duties listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or a logical assignment to the position and is assigned by the supervisor.

MANDATORY QUALIFICATIONS:

Must Pass Drug Screen and must pass Criminal History/Background Check.

EDUCATION and/or EXPERIENCE

A High School Diploma or Equivalent (GED) is required; Graduate of an accredited Licensed Vocational Nurse Program; Current Texas License as a Licensed Vocational Nurse (LVN) with a minimum of two years employment in the medical field as an LVN.

CERTIFICATIONS, LICENSES, REGISTRATION

Other special job requirements include a valid Texas driver's license. Must be insurable by Comal County Insurance Company in order to operate County vehicles.

DESIRED MINIMUM QUALIFICATIONS:

LANGUAGE SKILLS

Ability to read and interpret documents such as safety rules, operating and maintenance instructions, and procedure manuals. Ability to write routine reports and correspondence. Ability to speak effectively before groups of customers or employees of organization.

MATHEMATICAL SKILLS

Ability to add, subtract, multiply, and divide in all units of measure, using whole numbers, common fractions, and decimals. Ability to compute rate, ratio, and percent and to draw and interpret bar graphs.

REASONING ABILITY

Ability to apply commonsense understanding to carry out instructions furnished in written, oral, or diagram form. Ability to deal with problems involving several concrete variables in standardized situations.

CERTIFICATES, LICENSES, REGISTRATIONS

Current Texas Licensure as LVN; Nurse will maintain current certification in C.P.R.

OTHER SKILLS AND ABILITIES

Ability to tactfully deal with the public in stressful situations. Ability to independently seek creative methods of motivating the public to obtain immunizations.

PHYSICAL DEMANDS

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

While performing the duties of this job, the employee is regularly required to sit; use hands to finger, handle, or feel objects, tools, or controls; talk or hear; and taste or smell. The employee frequently is required to stand and walk. The employee is occasionally required to reach with hands and arms and stoop, kneel, crouch, or crawl. The employee must occasionally lift and/or move up to 25 pounds. Specific vision abilities required by this job include close vision, distance vision, color vision, peripheral vision, depth perception, and the ability to adjust focus.

WORK ENVIRONMENT

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

This position has been identified with possible risk of exposure to bloodborne pathogens and/or other various hazards that require immunization against such exposure.

While performing the duties of this job, the employee is occasionally exposed to fumes or airborne particles and exposure to Communicable Diseases is possible. The noise level in the work environment is usually moderate to loud.

SELECTION GUIDELINES

Formal application, rating of education and experience; oral interview and reference check; job related tests might be required.

This job description does not constitute an employment agreement between the employer and employee and is subject to change by the employer as the needs of the employer and requirements of the job change. The employee further understands, and accepts, that this position falls under the provision of an "At Will" employment, and under no circumstances is this a contract for employment.

Approval: _____
(Supervisor or Department Head)

Approval: _____
(Commissioners Court)

Effective Date _____

Revision History: _____

Acknowledgement of employee: _____
(Printed Last Name, First Name, MI)

Signature of employee: _____

JOB ANALYSIS INFORMATION SHEET

Employee Name (if reclassification):	Maria Smith	Date:	12/15/2015
Job Title:	Immunization Nurse II	Department:	Public Health
Position Number:	0324	<input checked="" type="checkbox"/> Perm F/T	<input type="checkbox"/> Perm P/T <input type="checkbox"/> Temp F/T <input type="checkbox"/> Temp P/T
Supervisor's Title	Nurse Supervisor	<input checked="" type="checkbox"/> Shift Work	<input type="checkbox"/> On-Call
Employee's Work Phone:	1308	<input type="checkbox"/> Exempt	<input checked="" type="checkbox"/> Non-Exempt
<p>1. What is the job's overall purpose?</p> <p>Due to increase in job duty additional productivity and responsibility, I request reclassification from N9 to N10-17.</p>			
<p>1. If the employee will or already supervise others, please list who they are below (supervisor is defined as someone who is responsible for the work output or behavior of one or more subordinates. In addition, the supervisor must also be designated by the department head as the rater for the subordinate(s) performance evaluation and/or review).</p>			
<input type="checkbox"/> Name:		<input type="checkbox"/> Name:	
<input type="checkbox"/> Name:		<input type="checkbox"/> Name:	
<input type="checkbox"/> Name:		<input type="checkbox"/> Name:	
<input type="checkbox"/> Name:		<input type="checkbox"/> Name:	
<p>2. Check the below activities that are part of the supervisory duties:</p>			
<input checked="" type="checkbox"/> Do not supervise (Go to #3)	<input type="checkbox"/> Budgeting	<input type="checkbox"/> Training/instructing	
<input type="checkbox"/> Assigning work	<input type="checkbox"/> Acting on employee problems	<input type="checkbox"/> Inspecting work	
<input type="checkbox"/> Maintaining standards	<input type="checkbox"/> Selecting new employees	<input type="checkbox"/> Coaching	
<input type="checkbox"/> Coordinating activities	<input type="checkbox"/> Disciplining/discharging	<input type="checkbox"/> Counseling	
<input type="checkbox"/> Allocating personnel	<input type="checkbox"/> Salary increases	<input type="checkbox"/> Performance evaluations	
<input type="checkbox"/> Others (please specify):			
<p>3. Describe the type and extent of supervision the employee receives in this job (check one):</p>			
<input type="checkbox"/> Frequent			
<input type="checkbox"/> Regularly (to report or to get advice and/or assignment. Follow established methods and procedures; refer exceptions).			
<input checked="" type="checkbox"/> Several times daily (most duties are repetitive and related with standard instructions and procedures as guides. Unusual problems are referred frequently with suggestions for corrections).			
<input type="checkbox"/> Occasional supervision (the nature of the work is such that it is performed to a large extent on own responsibility after assignment with some choice of how to do the job. Occasionally develop own methods).			
<input type="checkbox"/> Limited supervision (broad objectives are outlines. Work is judged primarily on overall results with much choice of method. Frequently develop methods to achieve desired results. Would normally have title of foreman, branch or division chief, office manager, executive assistant, etc.,			
<input type="checkbox"/> Little or not direct supervision (have responsibility for exercising broad judgement and coordination of methods within general policy. Would normally have title of chief deputy or assistant department head).			
<p>4. JOB DUTIES: Describe briefly what the essential job tasks are on the next page. Essential job tasks are required by the Americans With Disabilities Act (ADA) to be included in the job description and are those functions that must be performed in the job, either with or without reasonable accommodations</p>			

5. (Applies to reclassification only) Is this position performing any duties that you consider unnecessary? If so, please describe:

No

6. (Applies to reclassification only) Is this position performing any duties not presently included in the existing job description? If so, please describe:

Additional duties with the BBP Exposure lab and follow-up. Private Vaccine Management. Assisting with the Ebola Symptom Monitoring. Additional lab duties.

7. EDUCATION: Check the box that indicates the minimum educational requirements for the job (do not consider existing employee's educational background):

No formal education required.

Eight grade education

High School diploma (or GED equivalent)

2-year college degree (A.A. or equivalent)

4-year college degree (B.A./B.S. or equivalent) Major: _____

Graduate work or advanced degree (M.A./M.S./Ph.D.) Major: _____

8. PROFESSIONAL LICENSING/RECERTIFICATION/TRAINING REQUIRED BY JOB

No professional licensing/certification/training is required.

Professional License(s) required (specify type): _____

Professional Certification(s) required (specify type): _____

Professional Training required (specify courses): _____

9. EXPERIENCE

None (can learn through on-the-job training)

Less than one month

One to six months

Six months to one year

One to three years

Three to five years

More than five years

10. LOCATION: Check location of job and, if necessary or appropriate, describe briefly:

Outdoor

Indoor

Other (specify): _____

11. ENVIRONMENTAL CONDITIONS: Check any objectionable conditions found on the job and note afterward how frequently each is encountered (rarely, occasionally, constantly, etc.):

<input type="checkbox"/> Dirt	Frequency	<input type="checkbox"/> Odors	Frequency
<input type="checkbox"/> Heat	Frequency	<input type="checkbox"/> Wetness	Frequency
<input type="checkbox"/> Cold	Frequency	<input type="checkbox"/> Humidity	Frequency
<input checked="" type="checkbox"/> Noise	Frequency infrequent	<input type="checkbox"/> Vibration	Frequency
<input type="checkbox"/> Fumes	Frequency	<input type="checkbox"/> Darkness or bad lighting	Frequency
<input type="checkbox"/> Dust	Frequency	<input type="checkbox"/> Other (specify)	Frequency

12. HEALTH AND SAFETY: Check any undesirable health and safety conditions under which you must perform and note how often they are encountered:

<input type="checkbox"/> Elevated workplace	Frequency:
<input type="checkbox"/> Mechanical hazards	Frequency:
<input type="checkbox"/> Explosives	Frequency:
<input type="checkbox"/> Electrical hazards	Frequency:
<input type="checkbox"/> Fire hazards	Frequency:
<input type="checkbox"/> Radiation	Frequency:
<input type="checkbox"/> Other (specify):	Frequency:

13. MACHINES, TOOLS, EQUIPMENT, AND WORK AIDS: Describe briefly what machines, tools, equipment or work aids this position is required to use to perform the job on a regular basis:

14. Are there any personal attributes (special aptitudes, physical characteristics, personality traits, etc.) required by the job?:

Language, mathematical and reasoning skills. Ability to tactfully deal with the public in stressful situations. Ability to independently seek creative methods of motivating the public to obtain immunizations.

15. Have firm work standards been established (errors allowed, time taken for a particular tasks, etc.)? If so, what are they?

All nurses work under Standing Delegation Orders signed by the Health Authority. Nurses also follow Texas Board of LVN Nursing Rules. Required training includes: County, Centers for Disease and Control Guidelines, CPR, HIPAA, Safety, and various other community based training.

16. Are there any exceptional problems you encounter in performing the job under normal conditions? If so, describe them:

No

17. Describe the successful completion an/or end results of the job:

Successfully staffing and carrying out the duties to run the clinic in an effective and efficient manner. Presenting yourself as a professional and reliable resource in the community.

18. What is the seriousness of error on this job? Who or what is affected by errors you make?:
(4) please check appropriate boxes

Affect of error on:	Little or None (1)	Mild (2)	Significant (3)	Severe (4)
Customer or Employee	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
County	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note 1: A typical error would not be harmful – physically or administratively. Could be corrected without consequence.
 Note 2: A typical error may cause slight injury or could cause inconvenience or some embarrassment; recoverable.
 Note 3: A typical error may cause injury or physical harm. Administrative consequences could have adverse financial or personal impacts.
 Note 4: A typical error may cause grave injury or death. County would be at risk of being sued.

19. **FINANCIAL RESPONSIBILITY:** Check below the dollar amount over which this position would have expenditure approval, accountability or authority. Explain the extent of the financial authority and control. Is it direct or indirect?

	Direct or Indirect
<input type="checkbox"/> 0 – 49,999	N/A
<input type="checkbox"/> 50,000 – 99,999	N/A
<input type="checkbox"/> 100,000 – 199,999	N/A
<input type="checkbox"/> 200,000 – 399,999	N/A
<input type="checkbox"/> 400,000 – 799,999	N/A
<input type="checkbox"/> 800,000 – 1,599,999	N/A
<input type="checkbox"/> 1,600,000 – 3,199,999	N/A
<input type="checkbox"/> 3,200,000 – 6,399,999	N/A
<input type="checkbox"/> 6,400,000 – 12, 799,999+	N/A

20. **ADDITIONAL INFORMATION:** Are there any other items of importance with this position (i.e., work) that have not been covered? If so, please list and/or explain. (Attach additional sheets if necessary).

The immunization nurse must be licensed by the Texas LVN Board of Nursing. This nurse not only represents the County but the nursing profession in all their encounters with residents of our counties and the surrounding counties that we serve. This position is critical to the functioning of our clinic and the outreach activities that we do in the community. Maria became a N9-20 on 6/30/2007 when she received a merit increase. She has continued to perform above her job duties and deserves to be reclassified to receive a merit increase in salary.

AUTHENTICATION

Employee Signature (if reclassification): X	Date:
Department Head Signature: X	Date:
I certify that the information contained herein is true and correct and that it accurately reflects the minimum qualifications required and the essential job functions (duties actually performed).	
	Date:
Department Heads recommends Pay Group: _____	
Grade-out Score _____	
County Judge Signature: X	Date:
Pay Group _____ <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Effective Date:

JOB ANALYSIS INFORMATION SHEET

Employee Name (if reclassification):	Denise Torres	Date:	2015.12.16
Job Title:	Clerk II	Department:	Public Health
Position Number:	100	<input checked="" type="checkbox"/> Perm F/T <input type="checkbox"/> Perm P/T <input type="checkbox"/> Temp F/T <input type="checkbox"/> Temp P/T	
Supervisor's Title	Executive Office Manager	<input checked="" type="checkbox"/> Shift Work <input type="checkbox"/> On-Call	
Employee's Work Phone:	830.221.1150	<input checked="" type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	
<p>1. What is the job's overall purpose?</p> 			
<p>1. If the employee will or already supervise others, please list who they are below (supervisor is defined as someone who is responsible for the work output or behavior of one or more subordinates. In addition, the supervisor must also be designated by the department head as the rater for the subordinate(s) performance evaluation and/or review).</p>			
<input type="checkbox"/> Name:		<input type="checkbox"/> Name:	
<input type="checkbox"/> Name:		<input type="checkbox"/> Name:	
<input type="checkbox"/> Name:		<input type="checkbox"/> Name:	
<input type="checkbox"/> Name:		<input type="checkbox"/> Name:	
<p>2. Check the below activities that are part of the supervisory duties:</p>			
<input checked="" type="checkbox"/> Do not supervise (Go to #3)	<input type="checkbox"/> Budgeting	<input type="checkbox"/> Training/instructing	
<input type="checkbox"/> Assigning work	<input type="checkbox"/> Acting on employee problems	<input type="checkbox"/> Inspecting work	
<input type="checkbox"/> Maintaining standards	<input type="checkbox"/> Selecting new employees	<input type="checkbox"/> Coaching	
<input type="checkbox"/> Coordinating activities	<input type="checkbox"/> Disciplining/discharging	<input type="checkbox"/> Counseling	
<input type="checkbox"/> Allocating personnel	<input type="checkbox"/> Salary increases	<input type="checkbox"/> Performance evaluations	
<input type="checkbox"/> Others (please specify):			
<p>3. Describe the type and extent of supervision the employee receives in this job (check one):</p>			
<input type="checkbox"/> Frequent			
<input type="checkbox"/> Regularly (to report or to get advice and/or assignment. Follow established methods and procedures; refer exceptions).			
<input type="checkbox"/> Several times daily (most duties are repetitive and related with standard instructions and procedures as guides. Unusual problems are referred frequently with suggestions for corrections).			
<input checked="" type="checkbox"/> Occasional supervision (the nature of the work is such that it is performed to a large extent on own responsibility after assignment with some choice of how to do the job. Occasionally develop own methods).			
<input type="checkbox"/> Limited supervision (broad objectives are outlines. Work is judged primarily on overall results with much choice of method. Frequently develop methods to achieve desired results. Would normally have title of foreman, branch or division chief, office manager, executive assistant, etc.,).			
<input type="checkbox"/> Little or not direct supervision (have responsibility for exercising broad judgement and coordination of methods within general policy. Would normally have title of chief deputy or assistant department head).			
<p>4. JOB DUTIES: Describe briefly what the essential job tasks are on the next page. Essential job tasks are required by the Americans With Disabilities Act (ADA) to be included in the job description and are those functions that must be performed in the job, either with or without reasonable accommodations</p>			

JOB DESCRIPTION DUTIES	
Prioritized Listing of Job's Essential Duties. These are duties required in the performance of the job. For example, if position is a receptionist, it could be said that typing would be an essential function of being a receptionist. However, if the position never requires typing and only to answer the phone, then typing would not be an essential function. (List most important duty first followed by second most important, etc. When percents are all added up, they should must equal 100%). The ADA requires that essential functions be separated from nonessential functions in job descriptions. Duties that are actually performed, but are of marginal incidental value should be listed under the heading: Additional Duties and Responsibilities.	Approximate percent of time (when all duties added up, should come to 100%)
JOB ESSENTIAL DUTIES (Please prioritize duties - most important to least important)	
1. Assist Executive Office Manager	10 %
2. Schedule appointment	10 %
3. Meet and direct clients	9 %
4. Collect fees	9 %
5. Balance daily cash flow	9 %
6. Complete financial records	9 %
7. Mail out immunization records, medical releases, appointment reminders and	8 %
8. Complete immunization records	8 %
9. Maintain records for filing insurance claims	7 %
10. Mails and/or call clients for appointment reminders	6 %
11. Answer and place phone calls	4 %
12.	%
13.	%
14.	%
15.	%
16.	%
17.	%
18.	%
19.	%
20.	%
21.	%
22.	%
23.	%
24.	%
25.	%
ADDITIONAL DUTIES AND RESPONSIBILITIES (Please prioritize duties as above)	
1. Organizes off campus immunization clinics	3 %
2. Reviews and updates immunization records for off campus clinics	3 %
3. Prepares immunizations spreadsheet for vaccines completed and/or needed	3 %
4. Conducts monthly Safety Inspections and documents	1 %
5.	1 %
6.	%
7.	%
8.	%
9.	%
10.	%
11.	%
12.	%

5. (Applies to reclassification only) Is this position performing any duties that you consider unnecessary? If so, please describe:

No

6. (Applies to reclassification only) Is this position performing any duties not presently included in the existing job description? If so, please describe:

Assist Office Manager in schedules off campus immunization clinics. Reviews and updates immunization records for off campus clinics. Prepare an excel spreadsheet for Office Manager of immunizations completed and/or needed. Monthly Safety Inspection of PH Clinic. Assist Office Manager in safety reports documentation. Bilingual

7. EDUCATION: Check the box that indicates the minimum educational requirements for the job (do not consider existing employee's educational background):

No formal education required.

Eight grade education

High School diploma (or GED equivalent)

2-year college degree (A.A. or equivalent)

4-year college degree (B.A./B.S. or equivalent)

Graduate work or advanced degree (M.A./M.S./Ph.D.)

Major: _____

Major: _____

8. PROFESSIONAL LICENSING/RECERTIFICATION/TRAINING REQUIRED BY JOB

No professional licensing/certification/training is required.

Professional License(s) required (specify type): _____

Professional Certification(s) required (specify type): _____

Professional Training required (specify courses): _____

9. EXPERIENCE

None (can learn through on-the-job training)

Less than one month

One to six months

Six months to one year

One to three years

Three to five years

More than five years

10. LOCATION: Check location of job and, if necessary or appropriate, describe briefly:

Outdoor

Indoor

Other (specify): _____

11. ENVIRONMENTAL CONDITIONS: Check any objectionable conditions found on the job and note afterward how frequently each is encountered (rarely, occasionally, constantly, etc.):

<input type="checkbox"/> Dirt	Frequency	<input type="checkbox"/> Odors	Frequency
<input type="checkbox"/> Heat	Frequency	<input type="checkbox"/> Wetness	Frequency
<input type="checkbox"/> Cold	Frequency	<input type="checkbox"/> Humidity	Frequency
<input checked="" type="checkbox"/> Noise	Frequency	<input type="checkbox"/> Vibration	Frequency
<input type="checkbox"/> Fumes	Frequency	<input type="checkbox"/> Darkness or bad lighting	Frequency
<input type="checkbox"/> Dust	Frequency	<input type="checkbox"/> Other (specify)	Frequency

12. HEALTH AND SAFETY: Check any undesirable health and safety conditions under which you must perform and note how often they are encountered:

<input type="checkbox"/> Elevated workplace	Frequency:
<input type="checkbox"/> Mechanical hazards	Frequency:
<input type="checkbox"/> Explosives	Frequency:
<input type="checkbox"/> Electrical hazards	Frequency:
<input type="checkbox"/> Fire hazards	Frequency:
<input type="checkbox"/> Radiation	Frequency:
<input type="checkbox"/> Other (specify):	Frequency:

13. MACHINES, TOOLS, EQUIPMENT, AND WORK AIDS: Describe briefly what machines, tools, equipment or work aids this position is required to use to perform the job on a regular basis:

14. Are there any personal attributes (special aptitudes, physical characteristics, personality traits, etc.) required by the job?:

Bilingual, ability to multi-task, ability to diplomatically deal with difficult/rude client. Ability to prompt the necessity of immunizations.

15. Have firm work standards been established (errors allowed, time taken for a particular tasks, etc.)? If so, what are they?

Yes, moral principles, communication skills, reasoning abilities, tactfulness,

16. Are there any exceptional problems you encounter in performing the job under normal conditions? If so, describe them:

no

17. Describe the successful completion an/or end results of the job:

Successfully deals with clients of all ages. Ability to review immunization records, including records from other counties, so correct vaccines are giving.

18. What is the seriousness of error on this job? Who or what is affected by errors you make?:
(4) please check appropriate boxes

Affect of error on:	Little or None (1)	Mild (2)	Significant (3)	Severe (4)
Customer or Employee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
County	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Note 1: A typical error would not be harmful – physically or administratively. Could be corrected without consequence.
 Note 2: A typical error may cause slight injury or could cause inconvenience or some embarrassment; recoverable.
 Note 3: A typical error may cause injury or physical harm. Administrative consequences could have adverse financial or personal impacts.
 Note 4: A typical error may cause grave injury or death. County would be at risk of being sued.

19. **FINANCIAL RESPONSIBILITY:** Check below the dollar amount over which this position would have expenditure approval, accountability or authority. Explain the extent of the financial authority and control. Is it direct or indirect?

	Direct or Indirect
<input type="checkbox"/> 0 – 49,999	N/A
<input type="checkbox"/> 50,000 – 99,999	N/A
<input type="checkbox"/> 100,000 – 199,999	N/A
<input type="checkbox"/> 200,000 – 399,999	N/A
<input type="checkbox"/> 400,000 – 799,999	N/A
<input type="checkbox"/> 800,000 – 1,599,999	N/A
<input type="checkbox"/> 1,600,000 – 3,199,999	N/A
<input type="checkbox"/> 3,200,000 – 6,399,999	N/A
<input type="checkbox"/> 6,400,000 – 12, 799,999+	N/A

20. **ADDITIONAL INFORMATION:** Are there any other items of importance with this position (i.e., work) that have not been covered? If so, please list and/or explain. (Attach additional sheets if necessary).

Denise will step up to do what is needed with out being told to do so. She has/will mentor new clerks, training them on Immunizations, ImmTrac, Twices, Certified Payments, etc.

AUTHENTICATION

Employee Signature (if reclassification): X	Date:
Department Head Signature: X	Date:
I certify that the information contained herein is true and correct and that it accurately reflects the minimum qualifications required and the essential job functions (duties actually performed).	
	Date:
Department Heads recommends Pay Group: _____	
Grade-out Score _____	
County Judge Signature: X	Date:
Pay Group _____ <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	Effective Date: