

CITY OF MADISON POSITION DESCRIPTION

1. Name of Employee (or "vacant"):

Susan Lee

Work Phone: 266-6383

2. Class Title (i.e. payroll title):

3. Working Title (if any):

4. Name & Class of First-Line Supervisor:

Barb Dimick-Library Director

Work Phone: 267-1184

5. Department, Division & Section:

Madison Public Library

6. Work Address:

201 W. Mifflin Street

7. Hours/Week: 38.75

Start time: End time:

8. Date of hire in this position:

9. From approximately what date has employee performed the work currently assigned:

Between 6 and 18 months

-
10. Position Summary:

This is responsible managerial, professional, and administrative work dealing with the full spectrum of business and administrative operations at the Madison Public Library. Work incorporates comprehensive responsibility for the Library collections, including acquisitions and cataloging; negotiation and oversight of the Library's contract with the South Central Library System; and preparation and oversight of the Library's operating budget. Work involves considerable discretion and judgment in a wide variety of assigned administrative and program areas. Under the general direction of the Library Director, the employee plays a key role in the overall management of the Library.

11. Functions and Worker Activities: (Do NOT include duties done on an "Out-of-Class" basis.)

% A.

- 1.
- 2.
- 3.

- 4.
- 5.

% B.

- 1.
- 2.
- 3.
- 4.
- 5.

% C.

- 1.
- 2.
- 3.
- 4.
- 5.

% D.

- 1.
- 2.
- 3.
- 4.
- 5.

% E.

- 1.
- 2.
- 3.
- 4.
- 5.

12. Primary knowledge, skills and abilities required:

13. Special tools and equipment required:

14. Required licenses and/or registration:

15. Physical requirements:

16. Supervision received (level and type):

17. Leadership Responsibilities:

This position: is responsible for supervisory activities (Supervisory Analysis Form attached).
 has no leadership responsibility.
 provides general leadership (please provide detail under Function Statement).

18. Employee Acknowledgment:

- I prepared this form and believe that it accurately describes my position.
- I have been provided with this description of my assignment by my supervisor.
- Other comments (see attached).

EMPLOYEE

DATE

19. Supervisor Statement:

- I have prepared this form and believe that it accurately describes this position.
- I have reviewed this form, as prepared by the employee, and believe that it accurately describes this position.
- I have reviewed this form, as prepared by the employee, and find that it differs from my assessment of the position. I have discussed these concerns with the employee and provided them with my written comments (which are attached).
- I do not believe that the document should be used as the official description of this position (i.e., for purposes of official decisions).
- Other comments (see attached).

SUPERVISOR

DATE

Note: Instructions and additional forms are available from the Human Resources Dept., Room 501, City-County Bldg. or by calling 266-4615.