



# Job Description: Office Manager

*The job description does not constitute an employment agreement between the City and employee and is subject to change.*

**REPORTS TO:** City Manager

**DEPARTMENT:** Administration

**FLSA:** Part-Time, Non-exempt

**BARGAIN UNIT:** N/A

**PAY RANGE:** Range 5: \$20.57 - \$26.83 per hour (\$42,786 - \$55,806 per year)

*The position's temporary probationary pay is \$19.97 per hour for at least the first 6 months of employment.*

## GENERAL POSITION SUMMARY

The Office Manager is in charge of the administrative support staff for the City and its affiliated enterprises, including the John Day Urban Renewal Agency and Grant County Digital Network Coalition. The Office Manager supervises and coordinate staff through mentoring, training, assigning, evaluating, and improving work flow. The Office Manager ensures compliance with contracts, agreements, policies, procedures, and codes of the city. This requires working knowledge of city codes, policies, and practices, federal and state law. The position manages confidential information and exercises discretion regarding information flow. The Office Manager assists oversees the activities of the Senior Account Clerk, Secretary/Cashier and other office staff.

## DUTIES, RESPONSIBILITIES AND ESSENTIAL FUNCTIONS

*The following examples of duties and responsibilities do not encompass all job requirements.*

### ESSENTIAL FUNCTIONS/MAJOR RESPONSIBILITIES:

1. Supervises administrative tasks related to accounts receivable, accounts payable, payroll, and records.
2. In depth knowledge of software and tasks for administrative staff to the extent of providing backup in these roles or delegating duties as necessary.
3. Advices City Manager on policies related to payroll, human resources, and risk management.
4. Records, Track, Archives, and Maintains all public records; fulfills all public records requests.
5. Assists in administering various projects of the city including those of the URA and Grant County Digital.
6. Primary contact for customer relations: using various means of communication to provide information and answer inquiries regarding the code of ordinances, development code, code enforcement, and city projects.
7. Serve as executive assistant to City Manager, includes financial oversight of contract execution.
8. Coordinate administrative tasks on behalf of the department heads.
9. Implement process improvements in organization and administrative systems.
11. Other duties as assigned.

### NON-ESSENTIAL FUNCTIONS:

1. Uphold clean and orderly work areas.
2. Maintain proficiency by researching, reviewing policies, attending conferences and meetings.

### KNOWLEDGE, SKILLS AND ABILITIES REQUIRED:

1. Typing and 10-key.
2. Experience with maintaining and proficiency in multiple software systems, particularly Microsoft Word, Excel, Outlook, and Adobe Acrobat.
3. Perform a variety of functions that require decision-making within established laws, polices, or procedures.
4. Communicating orally and in writing with a variety of people.
5. Applying and explaining laws, rules, policies, and procedures to staff and customers.

**PUBLIC INTERACTION:**

Greet customers in person, via phone and e-mail.

**MINIMUM QUALIFICATIONS****EDUCATION/EXPERIENCE/LICENSES/CERTIFICATES REQUIRED:**

1. High school diploma or equivalent experience.
2. 3 years experience in accounting/office background.
3. Must possess a valid driver's license from Oregon State.
4. Must be bondable.

**PHYSICAL REQUIREMENTS****FREQUENCY DEFINITIONS:**

- (N) Never: Not required and not done on the job.  
 (R) Rare: May be required on a very infrequent basis; may occur 1 - 5 per day; less than 1% of shift.  
 (O) Occasional: Occurs between 1% – 33% of an 8-hour work shift; total of up to 2.5 hours per 8-hour shift.  
 (F) Frequent: Occurs between 34% - 66% of an 8-hour work shift; total of between 2.6 hours to 5.0 hours per 8-hour shift.  
 (C) Continuous: Occurs between 67% to 100% of an 8-hour shift; total of between 5.1 hours to 8.0 hours per 8-hour shift.

**WORKING CONDITIONS:**

N	R	O	F	C	Condition	Comments/Detail (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Indoors	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outdoors	Going outside to retrieve payments from drop-box.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extended work hours	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Travel to multiple worksites	May travel for training.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Low background noise	Radios, telephones, people talking in office.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Moderate background noise	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High background noise	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fumes/odors	People coming into office.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dust	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Varied/extreme temperatures	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cramped workspace	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exposure to hazardous materials	Cleaning supplies.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal protective equip. required	Only if necessary.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify)	

**MATERIALS AND EQUIPMENT USED:**

N	R	O	F	C	Condition	Comments/Detail (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Computer/laptop	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mouse/Trackball	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ten Key/Calculator	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Copier	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fax Machine	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E-mail	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Telephone	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hand Tools (specify)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Automobile (company <input type="checkbox"/> personal <input checked="" type="checkbox"/> )	Training.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify)	

**PHYSICAL DEMANDS:**

N	R	O	F	C	Physical Requirement	Comments/Detail (if applicable)
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<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Standing	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Walking	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Sitting	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driving	
<b>PHYSICAL DEMANDS CONTINUED:</b>						
<b>N</b>	<b>R</b>	<b>O</b>	<b>F</b>	<b>C</b>	<b>Physical Requirement</b>	<b>Comments/Detail (if applicable)</b>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lifting/Lowering (Max: 10 Avg. 5 lbs.) with assistive equipment? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carrying (Max. 10 Avg. 5 lbs.)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pushing (Max. 10 Avg. 5 lbs.)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pulling (Max. 10 Avg. 5 lbs.)	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Climbing (Max height: 3ft.)	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stairs	Break room/restroom downstairs.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Balancing	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stooping	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Twisting	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Kneeling	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Crouching	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Crawling	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reaching overhead	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reaching shoulder level	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Handling	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pinching	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grasping	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wrist motion	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Speaking	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hearing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Seeing	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Writing	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Depth Perception	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Color Vision	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify)	

**APPROVALS:**

\_\_\_\_\_  
Employee Approval/Date

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Department Head Approval/Date

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Administration Approval/Date