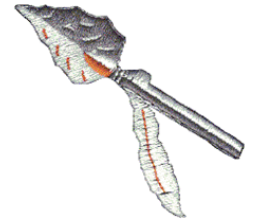


SCAPPOOSE SCHOOL DISTRICT 1J  
33590 SE High School Way  
Scappoose, OR 97056



## POSITION DESCRIPTION

# TECHNOLOGY SPECIALIST

Revised Date: June 28, 2018

**Range Assignment: 29**

### Qualifications:

- High school diploma or equivalent
- Good working knowledge of networks, PCs, Wi-Fi
- Working knowledge of various software packages
- Demonstrated ability to work as part of a successful team, to communicate technical information to non-technical staff and to train others in the use of PCs, tablets and software
- Strong problem-solving, organizational and multitasking skills
- Valid Oregon drivers license
- Ability to abide by confidentiality rights of students, staff and parents

**Reports to:** Facilities Manager/Lead Technology Specialist

### Performance Responsibilities:

- Provide exemplary customer service and technical support to staff in a timely manner.
- Work with ESD and CTA on servers/networking and other systems under their support
- Identify and resolve hardware and software operating issues
- Install, maintain, troubleshoot and repair computer equipment, phone systems, and peripheral equipment (printers, projectors, etc.)
- Understand network security practices
- Maintain operating system licenses
- Assist with maintaining records related to support requests and inventory
- Support DHCP configuration, Active Directory Users and Computers (ADUC) configuration, Mobile Deployment Management (MDM) and VoIP phone systems.
- Support Google domain management and products.
- Is punctual and maintains regular attendance

### Performance Duties:

- Troubleshoot, diagnose and repair a variety of technologies, computer hardware, software, networks, and peripheral equipment.
- Provide service and support to staff via telephone, remote connection, or in-person.

- Build, configure and deploy desktop PCs, laptops and VoIP phones.
- Setup mobile devices on MDM software.
- Create technical documentation and manuals.
- Install and maintain wireless access points
- Research, evaluate and provide recommendations concerning the purchase of new computer systems, software and equipment.
- Work on district technology needs and plans as directed by the superintendent and Lead Technology Specialist.
- Assist facilities/maintenance with systems using technology/software.
- Perform duties as assigned by Lead Technology Specialist

**Physical Requirements:**

**Physical requirements for essential responsibilities:**

In 8-hour workday, this job requires:

- R – Rarely (Less than .5 hr per day)      O – Occasionally (.5 – 2.5 hrs per day)  
 F – Frequently (2.5 – 5.5 hrs per day)      C – Continually (5.5 – 8 hrs per day)  
 N/A – Not Applicable

<b>Physical Requirements</b>	<b>N/A</b>	<b>R</b>	<b>O</b>	<b>F</b>	<b>C</b>
Sitting				X	
Stationary Standing	X				
Walking (level surface)			X		
Walking (uneven surface)			X		
Crawling		X			
Crouching (bend at knees)			X		
Stooping (bend at waist)			X		
Twisting (knees/waist/neck)			X		
Climbing (stairs)			X		
Climbing (ladder)		X			
Reaching overhead			X		
Reaching extension			X		
Repetitive use arms					X
Repetitive use wrists					X
Repetitive use hands grasping				X	
Repetitive use hands squeezing				X	
Fine manipulation					X
Using foot control	X				
*Pushing/pulling Max weight: 40 lbs			X		
**Lifting/Carrying Max weight: 40 lb			X		
*items typically moved: chair, table, box					
** Items typically lifted: paper, book, binder, text books					

**Terms of Employment:**

12 months/year. Probationary period as noted in Bargaining Agreement. Salary and work year according to current schedule. Performance of this position will be evaluated in accordance with the Collective Bargaining Agreement.

**I, \_\_\_\_\_ have reviewed the above position description and understand the contents.**

**I am aware that my position description may be revised or updated at any time and once notified of changes, I remain responsible for knowledge of its contents.**

**I hereby certify that I possess the physical and mental ability to fulfill the essential functions of the above position with or without reasonable accommodation(s). If I require accommodation(s) in order to fulfill any or all of these functions, I agree to provide information to the District regarding the requested accommodation(s).**

**Name \_\_\_\_\_**  
(print)

**Signature \_\_\_\_\_ Date \_\_\_\_\_**