

# Position Description

Read each heading carefully before proceeding. Make statements simple, brief, and complete. Be certain the form is signed. Supervisors and incumbents are responsible for the completion of this form.

CHECK ONE:  NEW POSITION |  EXISTING POSITION  
 (allocated)

**PART I - Position Information. Items 1 through 12 to be completed by department**

1. Agency Name: **Kansas State University** 9. Position Number: **W0036298** 10. Department ID: **3670035110**

2. Employee Name (leave blank if position vacant) 11. Present Class Title (if existing position)  
**Extension Nutrition Assistant 1**

3. Division: **Extension** 12. Proposed Class Title

4. Section: **Family Nutrition Program**

5. Unit: **Frontier District (SE)**

6. Location (address where employee works)  
 City: **Lyndon** County: **Osage**

7. Type of Appointment (Circle)  
 Full Time  Part Time  25%

H	13. Allocation	<b>Extension Nutrition Assistant 1</b>
U	Supervisory Status: yes / no	FLSA Code: <b>nonexempt</b> exempt
M		
A		
N		
R	14. Effective Date:	<b>9-27-11</b>
E	15. By:	Approved: <i>KSP</i>
S	16. Audit(s):	
O	Date:	By:
U	Date:	By:
R		
C	17. Position Review(s)	
E	Date:	Date:
S	Date:	Date:

Limited Term ending date (if applicable): **September 30, 2012**

8. Regular hours of work: (enter appropriate time)  
 FROM: AM/PM TO: AM/PM  
**VARIED HOURS**

**PART II - Organizational Information. To be completed by department head or supervisor of the position.**

18. a) Briefly describe why this position exists. (Include how the position relates to the purpose, goal, or mission of the unit.)  
**Nutrition Assistants provide nutrition education to qualifying families and children as designated by the Family Nutrition Program.**

b) If this is a request to reclassify a position, briefly describe the reorganization, reassignment of work, new function added by law or other factors which changed the duties and responsibilities of the position.

19. Who is the supervisor of the incumbent in this position? (Who assigns work, gives directions, answers questions and evaluates.)

Name	Title	Position Number
<b>Rebecca McFarland</b>	<b>District Extension Agent, FACS</b>	<b>W0012521</b>
List other individuals who may provide input for evaluation purposes.		
Name	Title	Position Number

20. a) How much latitude is employee allowed in completing the work? b) What kinds of instructions, methods and guidelines are given to the employee in this position to help do the work? c) State how and in what detail assignments are made.

**At the beginning of employment, the nutrition assistant receives 3-4 weeks of training in foods and nutrition, teaching methods and record keeping. On-going training is provided through monthly office conferences, quarterly statewide trainings and an annual conference. Latitude is given for scheduling group and individual client visits, record keeping and lesson planning. Special assignments are made orally and in writing as needed.**

22. a) If work involves leadership, supervisory, or management responsibilities, check the statement which best describes the position.  
( ) Lead worker: Assigns, trains, schedules or oversees work of others.  
( ) Supervisor: Plans, staffs, evaluates, and directs work of employees of a work unit.  
( ) Manager: Delegates authority to carry out work of a unit to subordinate supervisors or managers.

b) List the class titles, and position numbers of all persons who are directly supervised and evaluated by employee in this position.

Title	Position Number
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23. Which statement best describes the results of error in action or decision of this employee?

- ( X ) Minimal property damage, minor injury, minor disruption of the flow of work.
- ( ) Moderate loss of time, injury, damage, or adverse impact on health and welfare of others.
- ( ) Major program failure, major property loss, or serious injury or incapacitation.
- ( ) Loss of life, disruption of operations of a major agency.

Please give examples and describe consequences of action.

**Error in record keeping could result in minor disruption of work schedule.**

**Error in nutrition information could have adverse effects on health, but we are emphasizing normal nutrition so it should not cause serious effects.**

24. For what purpose, with whom and how frequently are contacts made with the public, other employees or officials?

**The nutrition assistant provides nutrition education (daily) programs to families. Teaching is done in small groups. The nutrition assistant also makes contact with parents and other agency employees to recruit FNP participants.**

25. a) What hazards, risks or discomforts exist on the job or in the work environment?

**The work environment involves moderate hazards, risks, or discomforts. Exposure to minor deviations from pleasant environmental conditions is normal. Minor to serious injuries are possible. Some risk is involved in making home visits in communities with high crime rate. Contacts are made in all kinds of weather. Evening and weekend work is determined by county administrative policy.**

b) Describe any methods, techniques, procedures or equipment that must be used to ensure safety for equipment, employees, clients and others.

**Prior to the beginning of the work week, nutrition assistants are to turn in a detailed schedule of appointments along with addresses and phone numbers of their home visits to the supervisor in case of emergency.**

**Nutrition assistants are to practice personal safety techniques, using common sense and thinking prevention. They are to be aware of their surroundings, travel in well-lit streets, and look for anything suspicious before exiting their vehicles, etc., when they are out working in the community. Nutrition assistant is to carry their own working cell phone while on the job, or one will be provided if needed to assure access to emergency support.**

**Nutrition assistants are not to transport clients in their personal vehicles.**

**Nutrition assistants are to maintain and use audio-visual equipment, office equipment and cooking equipment per**



manufacturer's instructions.

Nutrition assistants are to report suspicious activities to the supervisor. Any client suspected of illegal activity or living in conditions that put the nutrition assistant at risk will be dropped from the program.

26. List machines or equipment used regularly in the work of this position. Indicate the frequency with which each is used.

Video tape player/recorder (weekly)  
Microwave Oven (daily)  
Computer (daily)

Conventional oven (daily)  
Small Kitchen appliances (daily)

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**PART III - Education, Experience and Physical Requirements Information**

27. MINIMUM REQUIREMENTS as stated in the State of Kansas Class Specification. (Job skills beyond state specifications should be entered in #29)

**High School graduation or GED**

28. NECESSARY SPECIAL REQUIREMENTS

a) List any licenses, registrations or certifications for this position that are required to perform the essential functions of the position.

**Valid driver's license, car insurance and reliable automobile**

b) Describe the physical requirements of the job as they relate to essential functions (focus on results, not methods of obtaining results).

**Transporting audio-visual equipment and supplies for nutrition presentations.**

29. PREFERRED QUALIFICATIONS AND SKILLS

a) List preferred education or experience that may be used to screen applicants.

**Two years of experience in managing a household or other work involving basic life skills such as housework, cooking, childcare, hospital or nursing home experience. Vocational or college study in foods and nutrition or family and consumer sciences may be substituted for the required experience at the rate of one course for six months of experience.**

b) List preferred special knowledge, skills and abilities.

**INTERPERSONAL SKILLS**

**Ability to communicate (verbal and written) effectively in English**

**Ability to relate to and work with program members, co-workers, personnel from other organizations and the general public**

**EVIDENCE OF A HEALTHY LIFE**

**Ability to plan and prepare nutritious family meals**

**Ability to mentor families to adopt healthy lifestyles**

**KNOWLEDGE OF LIMITED RESOURCE AUDIENCE**

**Skill in dealing with problems of persons living in economically disadvantaged communities**

**KNOWLEDGE OF FOOD AND NUTRITION AND FOOD SAFETY**

**Knowledge of basic principles of food preparation, nutrition and food safety**

**Knowledge of breastfeeding**

**JOB READINESS AND TEACHING SKILLS**

**Ability to input data and keep records and reports as required by Federal program guidelines**

**Ability to evaluate client progress and determine client's needs**

**Skills for teaching children and adults**

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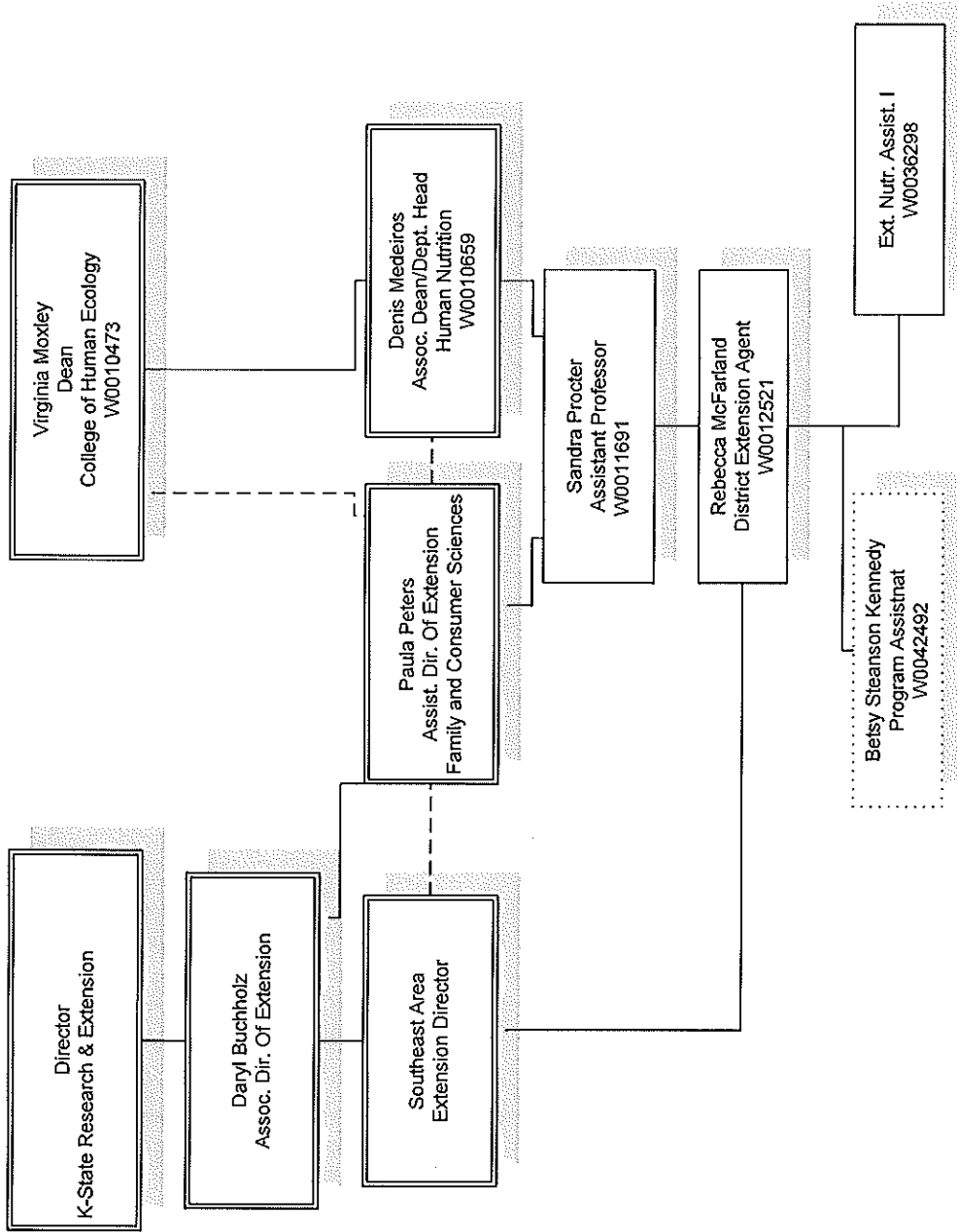
**30. BONA FIDE OCCUPATIONAL QUALIFICATION (BFOQ)**

State additional qualifications for this position that are necessary as a bona fide occupational qualification (BFOQ).

**Satisfactory findings on a KBI criminal background check.**

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PART IV - Organizational Chart (Please attach). Indicate classification title and position number.  
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PART V - Signatures  
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Organizational Chart  
FRONTIER DISTRICT FNP