



St. Olaf College Student Employee Job Description

Job Title: Office Worker

Classification: Student Employee (non-exempt)

Name and Address of Employer: St. Olaf College, 1520 St. Olaf Ave, Northfield, MN 55057

If the position requires the student to work off campus, provide the name and address here:
N/A

Department Name: Biology

Unit Number (5 digits): 11120

Length of Position: See Employment Authorization

Contact Person/Supervisor: Department AAA

Pay Rate (Check One) Standard Hourly Rate Supervisory/Special Skills Hourly Rate

Description of the Position: (Purpose of the Position):

The Biology Department Office Worker supports the department by assisting the AAA with general office and project management.

Transferable Skills:

- Communication
- Creating
- Organization/Planning
- Human Relations
- Motivation/Leadership
- Technical
- Problem Solving
- Essential Work Skills

Duties and Responsibilities:

- Put up new posters; take down old ones
- Post seminar and other flyers on Tightrope
- General office workroom management
- Retrieve and deliver department mail
- Campus errands
- Regularly inventory workroom supplies
- Photocopy/Scan as assigned
- Update Alumni database
- Large Format poster printing
- Other duties as assigned

Qualifications: (Education/Experience/Skills)

- Skilled in Google Docs/Sheets/Drive
- Ability to maintain confidentiality
- Able to work with minimal supervision
- Strong communication skills
- Dependable and punctual
- Experience with large format printing

This job description is for general information purposes. It is not intended to list all duties and responsibilities of the position. This job description is subject to change at any time by St. Olaf College, with or without prior notice.

Physical and Environmental Factors

(Indicate frequency required in a typical shift for this position.)

Physical Activity	Not Applicable	Rarely	Occasionally	Frequently	Continually
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Standing stationary	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking/traversing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crouching (bending at knees)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kneeling/crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stooping (bending at waist)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Twisting/pivoting	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Climbing/balancing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching overhead	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grasping/handling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pushing/pulling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting/carrying (< 20 lbs.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting/carrying (<50 lbs.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repetitive motions (constant for 15+ mins; typing, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sensory Activity	Not Applicable	Rarely	Occasionally	Frequently	Continually
Talking in person/on phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hearing in person/on phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vision for close work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vision for distance or depth	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Distinguishing color	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling by touch	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loud noise (need raised voice to be heard)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Environmental Exposures	Not Applicable	Rarely	Occasionally	Frequently	Continually
Respiratory (dust/gas/fumes/steam/odors/poor ventilation)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemicals (includes solvents and oils)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vibrations (exposure to oscillating movements of extremities or whole body)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wet or humid conditions (indoor)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme cold (below 32 degrees)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extreme heat (above 100 degrees)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proximity hazards (moving mechanical parts, moving vehicles, electrical current, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heights or cramped quarters	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protective equipment required (mask, gloves, eyewear, ear plugs, steel toe shoes, respirator)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Travel: 0% of time
 Operate Hand Tools: Yes No
 Operate Equipment/Machinery: Yes No
Required Dress Attire: Business Casual
 Business Formal
 Uniform
 Other: Classroom/Everyday wear
Comments: