SUBSTITUTE INSTRUCTOR

Immediate Supervisor: Manager/Supervisor
Position Status: Nonexempt

Date Written: 2/97
Date Revised: 10/99, 2/02

JOB DUTIES AND RESPONSIBILITIES:

1. Follow the expectations established on the standard job description.

2. Provide input to the development of the Individual Program Plan as requested.

3. Provide training, assistance and support as outlined in the Individual Program Plan or as needs indicate.

4. Recognize and report the need to make changes in the service plan.

5. Ensure that skills learned are maintained and used.

6. Accurately document and store medication to ensure the individual's safety and well-being.

7. Must commit to working 7 out of 10 shifts as requested.

8. Meet the requirements specified in the "Medication Aide Act" and successfully complete MNIS Medication Aide Coursework and competency assessment.

9. Heavy lifting is required.

10. Perform repetitive tasks.

11. Stand for extended periods of time.

12. Perform activities that would require a full range of motion (i.e. bending, stooping, stretching, raising arms over head, etc.)

PREFERRED QUALIFICATIONS:

Mid-Nebraska seeks to employ individuals who possess a value system reflecting the philosophy and mission the Agency including a commitment to family, equity, empowerment, innovation, and customer satisfaction.

Requirement: Must possess a valid Nebraska driver's license and meet Agency driving record criteria. Must be 18 years of age to be certified as a Medication Aide.

Education: High School Education or equivalent.

Experience: One year related experience.

This position job description and the standard job description is not intended to be all-inclusive and other reasonably related duties may be assigned by the immediate supervisor and other management as required. The organization reserves the right to revise or change job duties and responsibilities as the need arises. This position job description and the standard job description does not constitute a written or implied contract of employment. My position job description and standard job description has been reviewed with me and I have received a copy.

Employee's Signature:_____ Date:_____

Supervisor's Signature:_____ Date:_____