

City of St. Cloud

Classification Description

Classification Title: Assistant City Manager
Department: City Manager
Class Code: 1002
EEO Category/Function: AA/15

Pay Grade: 204
FLSA Status: Exempt
Review Type: Managerial
Supervisory Position: Yes

General Statement of Job

This is the deputy chief executive and administrative official of the City, responsible for the daily operation/management of a designated department, along with the oversight of designated division(s)/department(s) per the City Manager. The individual in this position is appointed / transferred or hired by the City Manager, and receives guidance and performance evaluations from this authority.

Specific Duties and Responsibilities

Essential Functions:

Plans, directs, supervises and reviews the operation of programs and activities of programs and services provided by all municipal departments as delegated by the City Manager.

Reviews and evaluates City services, programs, and regulatory activities based on the most objective performance measures available, and determines cost-benefit; periodically or as directed by the City Manager; implements changes as directed.

Directs through effective leadership practices the operation of the City through selected Department Directors and other personnel; coordinates efficient, effective and responsible organizational and individual staffing decisions in order to best provide needed services.

Coordinates with the City Manager provisions of the City Charter, ordinances, resolutions, and policy decisions, both written and unwritten of the City Manager; implements City Manager's policy decisions through the appropriate action, including the establishment of management policies, directives, and other forms of management decisions and instructions.

Manages the planning, organization, development, and coordination of effective purchasing contracts for the acquisition of materials, supplies, and service

Ensures the comprehensive management, tracking and disposition of material resources.

Manages new facilities acceptance process to ensure facilities are included in the City's real estate rosters, final inspections are completed, insurance certificates are issued, any facility additions and/or renovations are documented, and facilities are removed from the listings once they have been decommissioned.

Attends and participates in all City Council meetings when delegated; submits information to council



members in advance of meetings for their advance knowledge and preparation; drafts documents for their possible action, including ordinances, resolutions and other actions; confers with individual members of the council prior to meetings in order to be better prepared to meet council needs.

Implements budgets approved by the City Council, including the annual objectives and the spending limits indicated; provides directives and instructions to department directors on budget execution and limitations.

Represents the City before and within organizations in the community, the region, State and nation; advocates, promotes and negotiates the best interest of the City, and seeks support for the City wherever available.

Performs additional duties as required, or as directed by the City Manager.

Minimum Education and Training

Completion of a Bachelor's Degree in Public or Business Administration Management or a similar field is required.

Completion of a Master's Degree in Public Administration and Management is preferred.

Completion of the Certified Public Manager Course or a similar course is preferred.

Five (5) years of responsible experience as a municipal department director or an equivalent combination of training and experience.

Working experience in the Florida municipal system, preferred.

Maintenance of a valid Florida driver's license and ability to be insured by the City's insurance carrier.

Knowledge, Skills and Abilities

Physical Requirements:

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. While performing the duties of this Job, the employee is regularly required to talk or hear. The employee is frequently required to walk and sit. The employee is occasionally required to stand; use hands to finger, handle, or feel; reach with hands and arms and taste or smell. The employee must occasionally lift and/or move up to 10 pounds. Specific vision abilities required by this job include close vision, depth perception and ability to adjust focus.

Mathematics:

Ability to calculate figures and amounts such as discounts, interest, commissions, proportions, percentages, area, circumference, and volume. Ability to apply concepts of basic algebra and geometry.

Language Ability:



Ability to read, analyze, and interpret general business periodicals, professional journals, technical procedures, or governmental regulations. Ability to write reports, business correspondence, and procedure manuals. Ability to effectively present information and respond to questions from groups of managers, clients, customers, and the general public.

Reasoning:

Ability to solve practical problems and deal with a variety of concrete variables in situations where only limited standardization exists. Ability to interpret a variety of instructions furnished in written, oral, diagram, or schedule form.

Work Environment:

The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions. The noise level in the work environment is usually quiet.

I certify that the specific duties and responsibilities as described in this classification description accurately reflect the duties and responsibilities of the job.

Immediate Supervisor Signature: _____

Supervisor Name (Please Print): _____ Date: _____

Department Director Signature: _____

Director Name (Please Print): _____ Date: _____

I certify that I have received and read the attached classification description.

Employee Signature: _____

Employee Name (Please Print): _____

Date: _____

Human Resources Director signature: _____

Date: _____

