



# Josephine County, Oregon

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## Human Resources Office

Josephine County Courthouse  
500 NW 6<sup>th</sup> Street Dept 11 / Grants Pass OR 97526  
(541) 474-5217 / FAX (541) 474-5218 / TTY (800) 735-2900

### POSITION DESCRIPTION

Job Title: Dispatcher/Scheduler  
Department: 35 Transit  
FLSA Status: Non-Exempt  
Job Code: 247A  
WC Code: 8810  
Effective Date: February 1, 2008  
Last Revised: July 1, 2018  
Pay Grade: A14  
Union: AFSCME

### SUMMARY

Provides scheduling and dispatching services to Josephine County's transportation program and coordinates with other transportation providers.

### ESSENTIAL DUTIES AND RESPONSIBILITIES

(Illustrative Only. Any single position in this classification will not necessarily involve all the listed duties below and other positions will involve duties which are not listed. These duties represent the essential functions needed of persons in this classification.)

1. Answer multi-line phone system. Receive information from caller and schedules rides among multiple drivers while meeting established time windows for pick ups/drop offs for ADA service compliance.
2. Collect various data for project tracking and program reporting. This includes, but is limited to, ridership and fares collected across multiple transit services.
3. Maintain accurate files assuring all information is entered into the programs data base in a timely fashion.
4. Provide information and reports to Supervisor as scheduled or requested.
5. Provides pass sales to the general public and various agencies on a daily, weekly and monthly basis. Reconcile fare boxes.
6. Answer phone and provide general information regarding JCT's transit services.
7. Proficient use of transportation dispatch software.
8. Re-routes existing fixed route services when time schedules have fallen behind or to accommodate special circumstances (accident response, additional wheelchairs and vehicle breakdowns).

### SUPERVISORY RESPONSIBILITIES

This position has no supervisory duties.

## QUALIFICATIONS

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed are representative of the knowledge, skill, and/or ability required. Communicate effectively in both oral and written forms; make decisions independently in accordance with established policies, and use initiative and judgment in carrying out tasks and responsibilities; establish and maintain records, reports and statistical data; represent program in a variety of settings; maintain confidentiality; remain calm and use good judgment during confrontational or high pressure situations; courteously meet and deal effectively with coworkers, customers, community partners and the public.

## EDUCATION AND EXPERIENCE

One-year experience in dispatching/scheduling rides with multiple drivers and vehicles OR a satisfactory equivalent combination of education and experience. Must possess valid Oregon driver's license. Considerable knowledge of community transportation resources; considerable knowledge of streets and locations in Josephine County. Basic knowledge of safety practices, laws, rules, regulations and precautions in operating a vehicle.

## JOB IMPACT

Consequences of error could include embarrassment, legal action or exposure to monetary loss if duties are not carried out in a timely, accurate manner.

## JOB CONTACTS

Contacts are with other county departments, social service agencies, and the general public.

## LANGUAGE SKILLS

Understand and follow oral and written instructions, establish and maintain effective working relationships with social service and nonprofit agencies and senior citizens; deal courteously and tactfully with the general public; communicate effectively both verbally and in writing, and maintain records and prepared accurate reports.

## MATHEMATICAL SKILLS

Ability to add, subtract, multiply and divide in all units of measure, using whole numbers, common fractions, and decimals; make moderately complex mathematical computations and tabulations with speed and accuracy.

## REASONING ABILITIES

Ability to organize, file and retrieve materials and documents; establish priorities and organize own workload; retrieve data from records, keep and arrange it for statistical and other reporting purposes; research problems, determine source of error and correct; understand governing regulations of assigned function; use independent judgment in making decisions within prescribed policies and procedures; maintain confidentiality.

## OTHER SKILLS AND ABILITIES

Ability to work with people with transit barriers; must possess good organizational skills, record keeping skills and basic computer skills.

## CERTIFICATES, LICENSES, REGISTRATIONS

Possession of or ability to obtain valid Oregon Driver's license; safe driving record.

## BACKGROUND INVESTIGATION

Those employed in this position may be subject to a pre-employment criminal background investigation. Conviction of a crime will not necessarily disqualify an individual for this classification. Pre-employment Department of Transportation (DOT) physical, and alcohol and drug testing are required; ongoing testing in accordance with DOT guidelines.

## WORK ENVIRONMENT

The job is typically performed under very comfortable working conditions; any disagreeable elements are generally absent during normal performance of job.

## PHYSICAL REQUIREMENTS

The physical requirements outlined 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. Continuous mental and/or visual attention; the work is either repetitive or diversified requiring constant alertness to monitor the production process and/or identify defects.

**PHYSICAL REQUIREMENTS**

Check required if essential for job function	Activity	Never 0%	Occasionally 1-33%	Frequently 34-66%	Continuous 67-100%
<input type="checkbox"/>	Standing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Sitting - 1/2 hour plus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	Moving about work area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Bending forward	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Stoop position - 1 minute plus	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Climbing stairs - 1 floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Crawling - hands & knees	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Reaching overhead	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Lifting strength	<b># of pounds = 25</b>			
<input type="checkbox"/>	Lifting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Patient Lifting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Lifting Overhead	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Moving carts, etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Carry items	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Dexterity/Coordination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Keyboard Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	Rapid-mental/hand/eye coord.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Operation of motor vehicle	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Speech, Vision &amp; Hearing</b>					
<input type="checkbox"/>	Distinguish colors	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>			
<input type="checkbox"/>	Distinguish shades	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>			
<input type="checkbox"/>	Depth perception	Describe:			
<input checked="" type="checkbox"/>	Ability to hear	Normal Speech Level:			
<input type="checkbox"/>	Other Spec. Hearing Req.	Describe:			
<b>Exposure - Environmental Factors</b>					
<input checked="" type="checkbox"/>	Heat	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Cold	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Humidity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Wet Area/Slippery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	Noise	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Dust	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Smoke	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Vibration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Chemical Solutions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Uneven Area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Ladder/Scaffold	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Ionization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Radiation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Body Fluids	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>