

## **DIRECTOR OF ATHLETICS**

### **GENERAL STATEMENT:**

Supervises, coordinates and promotes all intercollegiate athletic programs and events to insure they are conducted in a manner consistent with the philosophy and mission of the College.

### **REPORTS TO:**

President

### **OCCUPATIONAL GROUP:**

Administration

### **FLSA:** Exempt

### **QUALIFICATIONS FOR APPOINTMENT:**

#### **EDUCATION:**

Master's degree with eighteen (18) graduate hours in a teaching field.

#### **LICENSE OR CERTIFICATION:**

None

#### **EXPERIENCE:**

Five (5) years work experience in the management of athletics which may include head coaching experience.

#### **OTHER:**

None

### **DUTIES AND RESPONSIBILITIES:**

- Supervise head coaches involved in intercollegiate athletic programs.
- Develop, recommend and provide general oversight for budgets in areas of responsibility.
- Approve the purchase of all intercollegiate athletic equipment and supplies.
- Coordinate the development of the schedule of all intercollegiate athletic events.
- Insure that appropriate personnel including officials, security, emergency medical, gate managers, and ticket sellers are in place for each contest.
- Interview and recommend personnel for employment in his/her areas of responsibility.
- Coordinate the efforts of the Quarterback Club to promote and raise funds for the collegiate athletic programs.
- Represent the college at intercollegiate athletic meetings.
- Teaches classes as assigned by the vice president of instruction.
- Serve as division chairperson of health & kinesiology division.
- Other duties as assigned by the president or other appropriate supervisory personnel.

### **PHYSICAL REQUIREMENTS:**

- Within the general range of an office environment.

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*The above job description has been reviewed with the employee and specific duties and responsibilities were explained. It was also explained that all questions concerning duties, responsibilities, working conditions, hours, etc., should be directed to the immediate supervisor.*

\_\_\_\_\_  
*Employee's Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Supervisor's Signature*

\_\_\_\_\_  
*Date*

*Approved:*      02/08/95

*Revised:*

JD168