



June 30, 2025

**Milwaukee Police Department**  
Police Administration Building  
749 West State Street  
Milwaukee, Wisconsin 53233  
<http://www.milwaukee.gov/police>

**Jeffrey B. Norman**  
Chief of Police

(414) 933-4444

Board of  
Fire and Police Commissioners  
200 East Wells Street, Room 706  
Milwaukee, WI 53202

RE: REQUEST FOR OFFICE ASSISTANT IV EXAMINATION/ELIGIBILITY LIST

Dear Commissioners:

I respectfully request that your Honorable Board refer this request to the Department of Employee Relations (DER) to conduct a recruitment, administer an examination, and provide an eligibility list for the position of Office Assistant IV as soon as administratively possible. The Office Assistant IV, depending on the work location, performs general clerical duties in accordance with standard procedures in a variety of assignments. This position also screens telephone calls, answers questions and provides information to external customers and internal personnel.

Attached please find a job description for the position. Department representatives are available to assist DER staff in this matter. If you have questions regarding this matter, please contact Human Resources Representative Elizabeth Miller at 414-935-7321.

Respectfully Submitted,

JEFFREY B. NORMAN  
CHIEF OF POLICE

JBN:em  
Attachment

## JOB DESCRIPTION

### FOR DER USE ONLY

Vacancy No. \_\_\_\_\_

City Service \_\_\_\_\_

Commission: \_\_\_\_\_

Fire & Police \_\_\_\_\_

Commission: \_\_\_\_\_

Finance \_\_\_\_\_

Committee: \_\_\_\_\_

Common \_\_\_\_\_

Council: \_\_\_\_\_

**Instructions:** Complete all sections. Refer to the *Guidelines for Preparing Job Descriptions* for instructions on completing specific items.

|                                                                                                       |                                               |                                                                                                    |                                            |                                                                                                                                  |                                                                                                                      |
|-------------------------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| <b>1. Date Prepared/ Revised:</b><br>06/12/2024                                                       |                                               | <b>2. Present Incumbent:</b><br>8 Positions                                                        |                                            | <b>Is incumbent underfilling position?</b>                                                                                       |                                                                                                                      |
| <b>3. Date Filled:</b>                                                                                |                                               | <b>4. Previous Incumbent:</b>                                                                      |                                            | <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/><br>If YES, indicate Underfill Title in box 10. |                                                                                                                      |
| <b>5. Department:</b><br>POLICE DEPARTMENT                                                            |                                               |                                                                                                    | <b>Bureau:</b> Various<br><b>Division:</b> |                                                                                                                                  | <b>Unit:</b><br><b>Section:</b>                                                                                      |
| <b>6. Work Location:</b> Various                                                                      |                                               |                                                                                                    | <b>Telephone:</b><br><b>Email:</b>         |                                                                                                                                  | <b>Work Schedule:</b> Full-time<br>Hours: 8 Days: Five                                                               |
| <b>7. Represented by a Union?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                               | <b>Bargaining Unit:</b> Management, General City<br><b>If in District Council 48, which local?</b> |                                            |                                                                                                                                  | <b>8. FLSA Status (check one):</b><br><input type="checkbox"/> Exempt <input checked="" type="checkbox"/> Non-Exempt |
| <b>10.</b>                                                                                            | <b>Official Title:</b><br>Office Assistant IV |                                                                                                    |                                            | <b>Pay Range</b>                                                                                                                 | <b>Job Code</b>                                                                                                      |
|                                                                                                       |                                               |                                                                                                    |                                            | 6KN                                                                                                                              | 0480PD                                                                                                               |
|                                                                                                       | <b>Underfill Title (if applicable):</b>       |                                                                                                    |                                            |                                                                                                                                  |                                                                                                                      |
|                                                                                                       | <b>Requested Title (if applicable):</b>       |                                                                                                    |                                            |                                                                                                                                  |                                                                                                                      |
| <b>Recommended Title (DER Use Only):</b>                                                              |                                               |                                                                                                    |                                            | <b>Approved by:</b> _____<br><b>Date:</b> _____                                                                                  |                                                                                                                      |

### 11. BASIC FUNCTION OF POSITION:

Under the supervision of an Office Supervisor and sworn staff, Office Assistant IVs help MPD units to operate efficiently by performing difficult and responsible clerical work requiring a command of administrative procedures, automated systems, and departmental policies and procedures. Office Assistant IVs deliver superior customer service, monitoring daily work schedules, supplies, exercise independent judgment, and may serve as lead workers, and trainers for a small team of clerical staff.

### 12. DESCRIPTION OF JOB (Check if description applies to **Official Title** ☒ or **Underfill Title** ☐):

#### A. ESSENTIAL FUNCTIONS/Duties and Responsibilities: (Refer to the "Guidelines for Preparing Job Descriptions" for instructions on determining Essential Functions.)

| % of Time | ESSENTIAL FUNCTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 100%      | <ul style="list-style-type: none"><li>Regular and consistent attendance.</li><li>Prepare and assist in the compilation, completion, and distribution of reports, procedures forms, and schedules using various automated systems; proofread written materials to ensure accuracy.</li><li>Assume lead responsibility for coordinating office operations, including directing and training clerical staff and cross-training other staff as needed.</li><li>Oversee and participate in the maintenance of established systems for managing paper and electronic data, files, records, and reports.</li></ul> |
|           | <ul style="list-style-type: none"><li>Provide excellent customer service to a wide variety of customers over the telephone, in person, and via radio.</li><li>Liaise with various governmental, law enforcement, and judicial agencies to obtain and provide information.</li><li>Perform computer inquiries look-ups such as those related to arrestees and stolen vehicles and property and DOT E-time inquiries of Department of Transportation (DOT) run-offs for driver's license status.</li></ul>                                                                                                    |
|           | <ul style="list-style-type: none"><li>Oversee the ordering of office supplies, and sort and distribute mail.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|           | <ul style="list-style-type: none"><li>Assist with the preparation of statistical and financial statements.</li><li>Assist with entering payroll-related data and verifying time entry for personnel assigned to Day, Early Power and Late shifts using the City's time entry system.</li><li>Maintain supervisor's schedules, staff calendars, and duty rosters.</li><li>Oversee shift assignments, weekly staff meetings notes, meeting agendas, attend meetings, and record minutes.</li></ul>                                                                                                            |
|           | <ul style="list-style-type: none"><li>Maintains security of the Division by screening and checking credentials of visitors prior to access to the</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

The above statements are intended to summarize the nature and level of work and typical responsibilities and duties being performed by the incumbent(s) of this job. They are not intended to be an exhaustive list of all responsibilities, duties, and tasks required of the position.

| % of Time | ESSENTIAL FUNCTION                                                                                                                                                                                                                                    |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|           | Division. Vets phone calls for the sworn and non-sworn members.                                                                                                                                                                                       |
|           | <ul style="list-style-type: none"> <li>• Maintains confidentiality of sensitive personnel records, investigations, reports, and other Division matters.</li> <li>• Responsible for training and overseeing clerical staff in the Division.</li> </ul> |

**B. PERIPHERAL DUTIES:**

| % of Time | PERIPHERAL DUTY                                                                                                                                                                                                                                                                                                                                         |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|           | <ul style="list-style-type: none"> <li>• Coordinates record retention based on Department standards.</li> <li>• Orders Division supplies and maintains functionality of various office equipment.</li> <li>• Maintains and updates personnel files, the Division roster, and squad assignments.</li> <li>• Perform other duties as assigned.</li> </ul> |

**C. NAME AND TITLE OF IMMEDIATE SUPERVISOR:**

Functions under the general supervision of the Office Supervisor, Management or Law Enforcement supervisor depending on work location and shift.

**D. SUPERVISION RECEIVED:** (Describe the extent to which work assignments and methods are outlined, reviewed, and approved by this position's supervisor.)

Depending on work location and work distribution.

**E. SUPERVISION EXERCISED:**

Total number of employees for whom responsible, either directly or indirectly = 0.

**Direct Supervision:** List the number and titles of personnel directly supervised. Specify the kind and extent of supervision exercised by indicating one or more of the following:

|                                    |                  |                                                                                                   |
|------------------------------------|------------------|---------------------------------------------------------------------------------------------------|
| a. Assign duties                   |                  | e. Sign or approve work                                                                           |
| b. Outline methods                 |                  | f. Make hiring recommendations                                                                    |
| c. Direct work in progress         |                  | g. Prepare performance appraisals                                                                 |
| d. Check or inspect completed work |                  | h. Take disciplinary action or effectively recommend such                                         |
| <b>Number Supervised</b>           | <b>Job Title</b> | <b>Extent of Supervision Exercised</b><br><i>(Select those that apply from list above, a - h)</i> |
|                                    |                  |                                                                                                   |
|                                    |                  |                                                                                                   |
|                                    |                  |                                                                                                   |

**F. MINIMUM QUALIFICATIONS REQUIRED:** (Indicate the MINIMUM qualifications required to enter the job.)

i. Education and Experience:

- Regular status as City of Milwaukee employee, having successfully completed a probationary period for a civil service position.
- Four years of office support experience coordinating and working on a variety of complex and diverse clerical assignments related to the essential functions listed above.

ii. Knowledge, Skills and Abilities:

- Knowledge of office procedures, systems, and terminology.
- Ability to read and understand work-related documents such as policies and procedures.
- Interpersonal skills: ability to maintain effective working relationships with all levels of staff.
- Customer service skills: ability to provide excellent service to other agencies, vendors, and the public.
- Oral communication skills to be able to write correct correspondence and reports. Knowledge of English writing mechanics and the ability to proofread documents.
- Ability to perform basic math calculations so as to accurately tabulate payroll data, proofread financial statements, and order office supplies.

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- Intermediate to advanced proficiency using word processing and spreadsheet software to produce complex letters, memos, and reports.
- Ability to master the use of proprietary computer systems to query national, state, and local databases, obtain criminal history information, and perform other job-related transactions.
- Ability to coordinate and direct the work activities of a small group performing clerical tasks.
- Ability to organize and prioritize work assignments and meet varying deadlines regularly.
- Ability to accurately maintain numerical and alphabetical filing systems.
- Ability to perform under pressure and with minimal supervision.
- Empathy, tact, and sensitivity to be able to serve the public and represent the department positively.
- Ability to maintain confidentiality regarding all work activities.

iii. Certifications, Licenses, Registrations:

iv. Other Requirements:

### 13. PHYSICAL AND ENVIRONMENTAL DEMANDS: TOOLS AND EQUIPMENT USED

The Americans with Disabilities Act of 1993 requires job descriptions to provide detailed information regarding the physical demands required to perform the essential functions of a job; the conditions under which the job is performed; and the tools and equipment the employee will be required to use on the job. Reasonable accommodations may be made to enable qualified individuals to perform the essential duties and responsibilities of the job for each of the categories listed below.

**G. PHYSICAL ACTIVITY OF THE POSITION:** (List the physical activities that are representative of those that must be met to successfully perform the essential functions of the job).

#### **CHECK ALL THAT APPLY:**

|                                     |                                                                                                                                                                                                                                                                                           |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/>            | <b>Climbing:</b> Ascending or descending ladders, stairs, scaffolding, ramps, poles, and the like; using feet and legs and/or hands and arms. Body agility is emphasized. Check only if the amount and kind of climbing required exceeds that required for ordinary locomotion.           |
| <input type="checkbox"/>            | <b>Balancing:</b> Maintaining body equilibrium to prevent falling when walking, standing or crouching on narrow, slippery or erratically moving surfaces. Check only if the amount and kind of balancing exceeds that needed for ordinary locomotion and maintenance of body equilibrium. |
| <input type="checkbox"/>            | <b>Stooping:</b> Bending body downward and forward by bending spine at the waist. Check only if it occurs to a considerable degree and requires full use of the lower extremities and back muscles.                                                                                       |
| <input type="checkbox"/>            | <b>Kneeling:</b> Bending legs at knee to come to a rest on knee or knees.                                                                                                                                                                                                                 |
| <input type="checkbox"/>            | <b>Crouching:</b> Bending the body downward and forward by bending leg and spine.                                                                                                                                                                                                         |
| <input type="checkbox"/>            | <b>Crawling:</b> Moving about on hands and knees or hands and feet.                                                                                                                                                                                                                       |
| <input checked="" type="checkbox"/> | <b>Reaching:</b> Extending Hand(s) and arm(s) in any direction.                                                                                                                                                                                                                           |
| <input checked="" type="checkbox"/> | <b>Standing:</b> Particularly for sustained periods of time.                                                                                                                                                                                                                              |
| <input checked="" type="checkbox"/> | <b>Walking:</b> Moving about on foot to accomplish tasks, particularly for long distances.                                                                                                                                                                                                |
| <input type="checkbox"/>            | <b>Pushing:</b> Using upper extremities to exert force in order to draw, press against something with steady force in order to thrust forward, downward or outward.                                                                                                                       |
| <input type="checkbox"/>            | <b>Pulling:</b> Using upper extremities to exert force in order to draw, drag, haul or tug objects in a sustained motion.                                                                                                                                                                 |
| <input checked="" type="checkbox"/> | <b>Lifting:</b> Raising objects from a lower to a higher position or moving objects horizontally from position-to-position. Check only if it occurs to a considerable degree and requires substantial use of the upper extremities and back muscles.                                      |
| <input checked="" type="checkbox"/> | <b>Fingering:</b> Picking, pinching, typing or otherwise working primarily with fingers rather than with the whole hand or arm, as in handling.                                                                                                                                           |
| <input type="checkbox"/>            | <b>Grasping:</b> Applying pressure to an object with fingers and palm.                                                                                                                                                                                                                    |
| <input type="checkbox"/>            | <b>Feeling:</b> Perceiving attributes of objects such as size, shape, temperature or texture by touching with the skin, particularly that of the fingertips.                                                                                                                              |
| <input checked="" type="checkbox"/> | <b>Talking:</b> Expressing or exchanging ideas by means of the spoken word. Those activities which demand detailed or important instructions spoken to other workers accurately, loudly or quickly.                                                                                       |
| <input checked="" type="checkbox"/> | <b>Hearing:</b> Perceiving the nature of sounds with no less than a 40 db loss. Ability to receive oral communication and make fine discriminations in sound.                                                                                                                             |
| <input checked="" type="checkbox"/> | <b>Repetitive Motions:</b> Substantial movements (motions) of the wrist, hands, and/or fingers.                                                                                                                                                                                           |

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☐ **Driving:** Minimum standards required by State Law (including license).

**H. PHYSICAL REQUIREMENTS OF THE POSITION:** (List the physical requirements that are essential functions of the job.)

**CHECK ONE:**

|                                     |                                                                                                                                                                                                                                                                                                                                                              |
|-------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <b>Sedentary Work:</b> Exerting up to 10 pounds of force occasionally and/or negligible amount of force frequently or constantly to lift, carry, push, pull or otherwise move objects. Sedentary work involves sitting most of the time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met. |
| <input type="checkbox"/>            | <b>Light Work:</b> Exerting up to 10 pounds of force occasionally and/or negligible amount of force constantly to move objects. If the use of arm and/or leg controls requires exertion of forces greater than that for sedentary work and the worker sits most of the time, the job is rated for Light Work.                                                |
| <input type="checkbox"/>            | <b>Medium Work:</b> Exerting up to 50 pounds of force occasionally and/or up to 20 pounds of force frequently, and/or up to 10 pounds of force constantly to move objects.                                                                                                                                                                                   |
| <input type="checkbox"/>            | <b>Heavy Work:</b> Exerting up to 100 pounds of force occasionally, and/or up to 50 pounds of force frequently, and/or up to 20 pounds of force constantly to move objects.                                                                                                                                                                                  |
| <input type="checkbox"/>            | <b>Very Heavy Work:</b> Exerting in excess of 100 pounds of force occasionally, and/or in excess of 50 pounds of force frequently, and/or in excess of 20 pounds of force constantly to move objects.                                                                                                                                                        |

**I. VISUAL ACUITY REQUIREMENTS:** (List the visual acuity requirements that are essential functions of the job.)

**CHECK ONE:**

|                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <b>Operators (Electronic Equipment), Inspection, Close Assembly, Clerical, Administrative:</b> This is a minimum standard for use with those whose job requires work done at close visual range (i.e. preparing and analyzing data and figures, accounting, transcription, computer terminal, extensive reading, visual inspection involving small parts, operation of machines, using measurement devices, assembly or fabrication of parts).            |
| <input type="checkbox"/>            | <b>Machine Operators, Mechanics, Skilled Tradespeople:</b> This is a minimum standard for use with those whose work deals with machines where the seeing job is at or within arm's reach. This also includes mechanics and skilled tradespeople and those who do work of a non-repetitive nature such as carpenters, technicians, service people, plumbers, painters, mechanics, etc. (If the machine operator also inspects, check the "Operators" box.) |
| <input type="checkbox"/>            | <b>Mobile Equipment Operators:</b> This is a minimum standard for use with those who operate cars, trucks, forklifts, cranes, and high lift equipment.                                                                                                                                                                                                                                                                                                    |
| <input type="checkbox"/>            | <b>Other:</b> This is a minimum standard based on the criteria of accuracy and neatness of work for janitors, sweepers, etc.                                                                                                                                                                                                                                                                                                                              |

**J. THE CONDITIONS THE WORKER WILL BE SUBJECT TO IN THIS POSITION:**

List the environmental/working conditions to which the employee may be exposed while performing the essential functions of the job. Include scheduling considerations such as on-call for emergencies, rotating shift, etc. **Approximate Percentage of time performing field work:** 0%

**CHECK ALL THAT APPLY:**

|                                     |                                                                                                                                                                                                                        |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> | <b>None:</b> The worker is not substantially exposed to adverse environmental conditions (such as typical office or administrative work).                                                                              |
| <input type="checkbox"/>            | <b>The worker is subject to inside environmental conditions:</b> Protection from weather conditions but not necessarily from temperature changes (i.e. warehouses, covered loading docks, garages, etc.)               |
| <input type="checkbox"/>            | <b>The worker is subject to outside environmental conditions:</b> No effective protection from weather.                                                                                                                |
| <input type="checkbox"/>            | <b>The worker is subject to extreme cold:</b> Temperatures below 32 degrees for period of more than one hour.                                                                                                          |
| <input type="checkbox"/>            | <b>The worker is subject to extreme heat:</b> Temperatures above 100 degrees for periods of more than one hour.                                                                                                        |
| <input type="checkbox"/>            | <b>The worker is subject to noise:</b> There is sufficient noise to cause the worker to shout in order to be heard above the surrounding noise level.                                                                  |
| <input type="checkbox"/>            | <b>The worker is subject to vibration:</b> Exposure to oscillating movements of the extremities or whole body.                                                                                                         |
| <input type="checkbox"/>            | <b>The worker is subject to hazards:</b> Includes a variety of physical conditions, such as proximity to moving mechanical parts, electrical current, working on scaffolding and high places or exposure to chemicals. |
| <input type="checkbox"/>            | <b>The worker is subject to atmospheric conditions:</b> One or more of the following conditions that affect the respiratory system or the skin: Fumes, odors, dust, mists, gases or poor ventilation.                  |
| <input type="checkbox"/>            | <b>The worker is subject to oil:</b> There is air and/or skin exposure to oils and other cutting fluids.                                                                                                               |
| <input type="checkbox"/>            | <b>The worker is required to wear a respirator.</b>                                                                                                                                                                    |

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**K. MACHINE, TOOLS, EQUIPMENT, ELECTRONIC DEVICES, SOFTWARE, ETC. USED BY POSITION:**

List equipment needed to successfully perform the essential functions of the job. Reasonable accommodations may be made to enable qualified individuals with disabilities to perform the essential functions.)

**CHECK ALL THAT APPLY:**

|                                                                                                                                                                                                                                                                    |                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Camera and photographic equipment                                                                                                                                                                                                         | <input checked="" type="checkbox"/> Office Equipment (desk, chair, telephone, etc.) |
| <input type="checkbox"/> Cleaning supplies                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> Office supplies (pens, staplers, pencils, etc.) |
| <input type="checkbox"/> Commercial vehicle                                                                                                                                                                                                                        | <input type="checkbox"/> Packing materials (boxes, shrink wrap, etc.)               |
| <input checked="" type="checkbox"/> Data processing equipment                                                                                                                                                                                                      | <input checked="" type="checkbox"/> PC equipment (monitor, keyboard, printer, etc.) |
| <input checked="" type="checkbox"/> Handcart                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> PC software                                     |
| <input type="checkbox"/> Hand tools <i>(please list)</i> :                                                                                                                                                                                                         |                                                                                     |
| <input checked="" type="checkbox"/> Office Machines <i>(check all that apply)</i> : <input checked="" type="checkbox"/> Copier <input checked="" type="checkbox"/> Facsimile <input checked="" type="checkbox"/> Calculator <input type="checkbox"/> Cash register |                                                                                     |
| <input type="checkbox"/> Other <i>(please list)</i> :                                                                                                                                                                                                              |                                                                                     |

**L. SUPPLEMENTARY INFORMATION:** (Indicate any other information which further explains the importance, difficulty, or uniqueness of the position, such as its scope of responsibility related to finances, equipment, people, information, etc. Also indicate success factors such a personal characteristics that contribute to an individual's ability to perform well in the job, and any other special considerations.)

Office Assistant IIIs may be required to work weekends and holidays on occasion to meet department needs.

**M. I believe that the statements made above in describing this job are complete and accurate.**

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*Signature of Department Head or Designated Representative*

*The above statements are intended to summarize the nature and level of work and typical responsibilities and duties being performed by the incumbent(s) of this job. They are not intended to be an exhaustive list of all responsibilities, duties, and tasks required of the position.*