



ERP Systems Specialist

Class Code:
xxxxxxxx

Bargaining Unit: Non-Union Exempt

CITY OF APPLETON
Revision Date: xxxxxxxx xx, xxxx

SALARY RANGE

\$57,650 - \$80,710 Annually

NATURE OF WORK:

This is a professional staff position responsible for assisting with the support, maintenance, and implementation of the City's Enterprise Resource Planning (ERP) system. Work involves administration and management of the ERP and related applications and systems. Responsibilities also include acting as the reporting subject matter expert (SME). Work is performed under the general supervision of the Lead Systems Analyst. The incumbent works under the direction of the I.T. Deputy Director.

JOB FUNCTIONS:

ESSENTIAL JOB FUNCTIONS

- Aligns the ERP to municipal processes by maintaining, documenting, improving, and implementing business-rule workflows and configurations.
- Reviews stakeholder requests and end-user needs; determines the scope and appropriateness of the project; translates requirements into design recommendations.
- Develops and maintains reports, data exports, and automations, including SQL, Excel Cubes, and Pivot Tables; acts as the overall reporting subject matter expert (SME) for end-users.
- Assists the Lead Systems Analyst with supporting, planning, and installing ERP and other IT Services software and hardware.
- Oversees ERP end-user account moves/adds/changes (MAC), training, and education.
- Troubleshoots and solves incidents and problems submitted by end-users.
- Works on IT projects as assigned.
- Monitors ERP backups, upgrades, and maintenance.
- Acts as a liaison with City stakeholders, IT suppliers, and IT operations staff.
- Documents in-house knowledgebase articles, flowcharts, and diagrams.
- Participates in Information Technology on-call schedule.
- Maintains regular punctual and predictable attendance.
- Works on special projects as assigned.

REQUIREMENTS OF WORK:

Bachelor's degree in Computer Science or related field, six to eight years ERP experience, or any equivalent combination of education, experience and training which provides the following knowledge, abilities and skills:

- Knowledge of supporting, administering, and implementing ERP systems.

- Knowledge of municipal/business processes involving payroll, billing, AP, and other general ledger functions.
- Ability to apply training received in the use of new tools and technology.
- Ability to operate computers and related hardware and instruct people in their use.
- Ability to lift 25 pounds.
- Ability to maintain confidentiality.
- Ability to establish and maintain effective working relationships with other employees and the public.
- Ability to understand and carry out complex oral and/or written instructions.
- Ability to work effectively with minimal supervision and conform to deadlines.
- Ability to sustain prolonged visual concentration.
- Ability to communicate effectively both orally and in writing.
- Ability to work occasional nights or weekends.
- Possess and maintain a valid Wisconsin driver's license.

SUPPLEMENTAL INFORMATION:

COMPETENCIES

Creative/Innovative

Communication

Self-directed/Autonomous/Accountable

Problem Solving

Technical/Professional/Strategic Skills

To learn more about these competencies click [here](#)

JOB TASK ANALYSIS:

JOB ANALYSIS/REQUIREMENTS

JOB TITLE: Deputy Director of Human Resources

REVISED DATE: November 2007

REVIEW DATE: November 2007

N = Never

O = Occasionally: 1 to 33% of the time on job

F = Frequently: 34 to 66% of the time on job

C = Constantly: More than 67% of the time on job

A. PHYSICAL DEMANDS

- | | N | O | F | C |
|---|---|-------------------------------------|--|-------------------------------------|
| 1. Standing | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Walking | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 3. Sitting | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4. Lifting: Light - max. 10 lbs. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Lifting: Moderate - max. 25 lbs. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Lifting: Heavy to moderate - max 45 lbs. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Lifting: Heavy - max. 65 lbs. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Carrying est. wt. less than 20 lb | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Pushing est. wt. _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Pulling est. wt. less than 20 lb | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Pulling hand over hand | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Climbing stairs | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Climbing, use of legs and arms | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Balancing | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Stooping | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Kneeling | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Repeated bending | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Crawling | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Reaching: <input type="checkbox"/> high <input type="checkbox"/> low <input type="checkbox"/> level | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Repetitive finger movement | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 21. May use hands for grasping | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. May use hands for manipulation | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. May use hands for twisting of wrist | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 24. May use hands for flex. ext. of wrist | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 25. May use hands for reaching | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. May use hands for overhead work | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Repetitive twisting or pressure involving wrists or hands | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 28. Both hands required | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 29. Both legs required | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Ability of rapid mental/muscular coordination simultaneously | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Oral communication: speaks clearly in <input type="checkbox"/> Spanish <input checked="" type="checkbox"/> English <input type="checkbox"/> Hmong <input type="checkbox"/> Other: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 32. Hearing-conversation | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Intense visual concentration | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Specific visual requirements | Near: <input checked="" type="checkbox"/> | | Far: <input type="checkbox"/> | |
| 35. Depth perception | Yes <input type="checkbox"/> | | No <input checked="" type="checkbox"/> | |
| 36. Color vision: Distinguish basic shades | Yes <input type="checkbox"/> | | No <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 37. Color vision: Distinguish basic colors | Yes <input type="checkbox"/> | | No <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 38. Operation of crane, truck or motor vehicle | Yes <input checked="" type="checkbox"/> | | No <input type="checkbox"/> | |
| 39. Other: | | | | |

B. WORKING CONDITIONS

- | | N | O | F | C |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 1. Outside | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Alternating between Outside and Inside | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Heat between 90 - 100 degrees | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Heat over 100 degrees | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Cold below 55 degrees | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Temperature changes: <input type="checkbox"/> excessive <input type="checkbox"/> frequent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Wetness | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Dry atmospheric conditions | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Confined spaces | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Heights (list maximum: _____) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Constant noise above 85 decibels | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Intermittent noise above 85 decibels | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Vibration | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Fumes: <input type="checkbox"/> Irritant <input type="checkbox"/> Toxic | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Dust: More than nuisance | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Gases: Types: _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Chemicals: Types: _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Grease and oils: Types: _____ | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Working with machinery with moving parts | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Working with moving vehicles | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Working with ladders/scaffolding | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Working below ground | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Working with hands in water | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Working alone | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 24. Work intensity: <input type="checkbox"/> sedentary <input type="checkbox"/> light <input type="checkbox"/> light/medium <input checked="" type="checkbox"/> medium <input type="checkbox"/> heavy Hours/day: 8-10 Days/week: 5 Days overtime/week: 5 | | | | |