

# Liaison to LNOCA for INFOhio Services Designation Form

The Liaison to LNOCA for INFOhio Services (LLIS) consists of K-12 School Library/Media representatives from Member and Independent school systems (public and private) in the LNOCA service area. The Liaison/Assistant Liaison is LNOCA's primary contact for communications regarding all components of INFOhio support services. Outlined below are the responsibilities of the Liaison to LNOCA for INFOhio Services.

## QUALIFICATIONS:

1. Certification/licensure in K-12 Library/Media (preferred).
2. Knowledgeable in library policies and procedures (minimum).
3. Possesses organizational and communication skills.
4. Devotes the time necessary to ensure successful district-wide implementation of library automation.

## ROLE & RESPONSIBILITIES:

1. Serves as a liaison between LNOCA and the district's building level library personnel. (Responsible for bringing district concerns to LNOCA meetings and returning information from the meetings to all appropriate staff within the district.)
2. Attends all LLIS meetings during the school year.
3. Plans and facilitates the implementation of library automation within the district.
4. Attends library automation training sessions offered by LNOCA as needed to maintain proficiency in use of the library automation software and assists other library/media staff with training.
5. Performs/assists with district System Administrator functions such as, but not limited to: software settings/policy management, calendar maintenance, library staff access and circulation policies, and database/collection maintenance.
6. Coordinates all technical aspects of the automation project.

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**School District:** \_\_\_\_\_

**1) Liaison to LNOCA:** \_\_\_\_\_

Position/Title: \_\_\_\_\_

Building: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

**2) Assistant Liaison:** \_\_\_\_\_

Position/Title: \_\_\_\_\_

Building: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

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Date

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Superintendent/Administrator (print/type name)

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Superintendent/Administrator (signature)