

State of Michigan
Civil Service Commission
Capitol Commons Center, P.O. Box 30002
Lansing, MI 48909

Federal privacy laws and/or state confidentiality requirements protect a portion of this information.

POSITION DESCRIPTION

This form is to be completed by the person that occupies the position being described and reviewed by the supervisor and appointing authority to ensure its accuracy. It is important that each of the parties sign and date the form. If the position is vacant, the supervisor and appointing authority should complete the form.

This form will serve as the official classification document of record for this position. Please take the time to complete this form as accurately as you can since the information in this form is used to determine the proper classification of the position. **THE SUPERVISOR AND/OR APPOINTING AUTHORITY SHOULD COMPLETE THIS PAGE.**

2. Employee's Name (Last, First, M.I.)	8. Department/Agency Licensing and Regulatory Affairs
3. Employee Identification Number	9. Bureau (Institution, Board, or Commission) Corporations, Securities & Commercial Licensing Bureau
4. Civil Service Classification of Position Departmental Technician 7/8/E9	10. Division Corporations
5. Working Title of Position (What the agency titles the position) Review Technician	11. Section Annual Filings
6. Name and Classification of Direct Supervisor Tracy Goss State Administrative Manager 15	12. Unit
7. Name and Classification of Next Higher Level Supervisor Alexis Lupo State Division Administrator 17	13. Work Location (City and Address)/Hours of Work 2407 N. Grand River, Lansing MI 48909 Remote work available 8:00 a.m. – 5:00 p.m.
14. General Summary of Function/Purpose of Position Examine profit and nonprofit corporation annual reports; examine annual statements and annual reports for limited liability companies, and inclusive documents to determine if they substantially conform to requirements of the act. Handle corporation renewals and limited liability company restorations from initial customer inquiry through filing of required documents.	

15. Please describe your assigned duties, percent of time spent performing each duty, and explain what is done to complete each duty.

List your duties in the order of importance, from most important to least important. The total percentage of all duties performed must equal 100 percent.

Duty 1

General Summary of Duty 1 **% of Time** 30

Review and evaluate profit and nonprofit annual reports and limited liability company annual reports and annual statements and advise entities what additional documents are required to be filed.

Individual tasks related to the duty.

- Review annual reports and annual statements and certificates of restoration and determine whether they meet requirements of the act.
- Review and research applicable statutes.
- Prepare comments regarding deficiencies using text letter program and standard paragraphs.
- Contact submitter by phone or through correspondence regarding deficiencies and requirements.
- Calculate filing, penalty and franchise fees due.
- Update computer when renewal of corporate existence or certificate of restoration is filed, and issue required certificates.

Duty 2

General Summary of Duty 2 **% of Time** 30

Provide information and respond to inquiries from the public by phone, correspondence, and in person at the counter regarding legal requirements of specific annual report filings.

Individual tasks related to the duty.

- Respond immediately to phone, correspondence and in person requests.
- Review and evaluate documents and annual reports submitted at the counter.
- Identify additional requirements and advise inquirer.
- Answer inquiries regarding policies and procedures pertinent to the individual file.
- Explain filing requirements in detail and suggest possible solutions, in person or by telephone.
- Calculate filing, penalty and franchise fees due as well as surcharge for expedited service.
- Determine name availability in accordance with guidelines and statutes.

Duty 3**General Summary of Duty 3****% of Time** 15

Review and evaluate profit annual reports of foreign profit corporations, determining shares attributable to Michigan, evaluating previous filings and applying appropriate credits, calculating additional admission franchise fees due and advising corporation accordingly.

Individual tasks related to the duty.

- Research and review previous submissions and other documents related to the corporation's previous number of shares attributable to Michigan.
- Review annual reports and determine whether annual report meets requirements of the act.
- Calculate filing, penalty and additional admission franchise fees due.
- Contact submitter by phone or through correspondence about deficiencies.
- Prepare information regarding deficiencies for correspondence using text letter program.

Duty 4**General Summary of Duty 4****% of Time** 15

Review and evaluate change of resident agent and/or registered office submitted on or with profit and nonprofit annual reports, and limited liability company annual reports and annual statements and identify deficiencies and prepare comments for correspondence.

Individual tasks related to the duty.

- Review and evaluate change of resident agent/registered office and determine if change meets requirements of the act.
- Prepare comments regarding deficiencies for correspondence using text letter program.
- Contact submitter by phone or through correspondence regarding deficiencies and requirements.
- Add filed date and other information to update programs on database.

Duty 5

General Summary of Duty 5

% of Time 10

Respond to requests for information, copies or certificates regarding specific corporation, limited partnerships and limited liability companies received by phone, correspondence, or in person.

Individual tasks related to the duty.

- Retrieve data by performing search of specific database for information requests.
- Enter order on computer.
- Prepare computer printouts of pertinent data.
- Compose correspondence, prepare certificates and prepare invoices.
- Proofread letters and certificates and assemble materials and mail.
- Explain to inquirers what forms and publications are available.
- Determine which forms or publications are needed to satisfy requests.
- Retrieve forms requested.
- Compose and prepare certificates of fact.
- Apply established procedures for correspondence and filing.
- Complete data entry for new records and to update existing records.
- Prepare request for refunds.
- Date stamp filed reports.
- Sort/batch filed documents.
- Provide information to visitors requiring explanation of procedures.
- Coordinate receipt and processing of documents and orders submitted by customers.
- Input, retrieve, or update information from order entry database.
- Perform other related work as assigned.

16. Describe the types of decisions you make independently in your position and tell who and/or what is affected by those decisions. Use additional sheets, if necessary.

When to file annual reports or annual statements; when and how to apply name guidelines; when to require selection of another name to avoid duplicate names; determine whether a corporation can renew its existence or a limited liability company can restore its good standing; and recommend modification of data which affects the integrity of the records of the Corporations Division.

17. Describe the types of decisions that require your supervisor's review.

Analysis and interpretation of new legislation. Unusual fact situations or fact situation in which policy or law is in dispute; and changes in procedures, policy, or interpretation of act.

18. What kind of physical effort do you use in your position? What environmental conditions are you physically exposed to in your position? Indicate the amount of time and intensity of each activity and condition. Refer to instructions on page 2.

Daily operation of computer, keying and retrieving information while seated – 80%. Repetitious movement of arms during initial sort process, while seated – 10%. Standing and walking to assist customers at counter – 10%.

19. List the names and classification titles of classified employees whom you immediately supervise or oversee on a full-time, on-going basis. (If more than 10, list only classification titles and the number of employees in each classification.)

<u>NAME</u>	<u>CLASS TITLE</u>	<u>NAME</u>	<u>CLASS TITLE</u>

20. My responsibility for the above-listed employees includes the following (check as many as apply):

<input type="checkbox"/> Complete and sign service ratings.	<input type="checkbox"/> Assign work.
<input type="checkbox"/> Provide formal written counseling.	<input type="checkbox"/> Approve work.
<input type="checkbox"/> Approve leave requests.	<input type="checkbox"/> Review work.
<input type="checkbox"/> Approve time and attendance.	<input type="checkbox"/> Provide guidance on work methods.
<input type="checkbox"/> Orally reprimand.	<input type="checkbox"/> Train employees in the work.

21. *I certify that the above answers are my own and are accurate and complete.*

Signature

Date

NOTE: Make a copy of this form for your records.

TO BE COMPLETED BY DIRECT SUPERVISOR

22. Do you agree with the responses from the employee for Items 1 through 20? If not, which items do you disagree with and why?

Yes

23. What are the essential duties of this position?

Review corporation annual reports and limited liability company annual statements and annual reports.

Read and interpret statutes, policies & procedures for staff and public.

Prepare comments and information for correspondence using text letter program.

Compose letters.

Retrieve and interpret all data from database related to filing.

Answer telephone inquiries.

Calculate filing, penalty and franchise fees due.

Communicate, meet and deal effectively and professionally with others, by phone, in person and through correspondence.

Enter data into database and special program applications.

Maintain composure in stressful situations.

24. Indicate specifically how the position's duties and responsibilities have changed since the position was last reviewed.

No significant change.

Fill vacancy

25. What is the function of the work area and how does this position fit into that function?

The function of the work area is to fully process all annual reports and annual statements submitted by corporations and limited liability companies as required by statutes. The accurate and efficient review and filing of annual reports and annual statements in all situations is critical to the effective administration of the statute.

26. In your opinion, what are the minimum education and experience qualifications needed to perform the essential functions of this position.

EDUCATION:

High school graduate.

EXPERIENCE:

One-year experience in the Corporations Division performing E7 level office support activities is preferred.

or

Dept Tech 7 – One year of experience performing 7-level office support activities.

Dept Tech 8 – One year of experience as a Departmental Technician 7 or one year of experience performing 8-level office support activities.

Dept Tech E9 – Two years of experience as a Departmental Tech 7 or one year of experience as a Departmental Technician 8 or one year of 9-level office support experience or one year of experience as a supervisor of office support activities.

KNOWLEDGE, SKILLS, AND ABILITIES:

Knowledge of the policies, procedures and statutes administered by the Corporations Division and the ability to interpret and apply them. Knowledge of the section and division forms and workflow. Ability to maintain favorable public relations. Ability to communicate effectively in person, by phone and through correspondence. Ability to use PC and various computer programs and software.

CERTIFICATES, LICENSES, REGISTRATIONS:

None

NOTE: Civil Service approval of this position does not constitute agreement with or acceptance of the desirable qualifications for this position.

27. *I certify that the information presented in this position description provides a complete and accurate depiction of the duties and responsibilities assigned to this position.*

Supervisor's Signature

Date**TO BE FILLED OUT BY APPOINTING AUTHORITY**

28. Indicate any exceptions or additions to the statements of the employee(s) or supervisor.

29. *I certify that the entries on these pages are accurate and complete.*

Appointing Authority's Signature

Date