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|  |  | |  |  | | --- | --- | | |  | | --- | | This position description serves as the official classification document of record for this position. Please complete the information as accurately as you can as the position description is used to determine the proper classification of the position. | | |  | | |  |  | | --- | --- | | **2. Employee's Name (Last, First, M.I.)** | **8. Department/Agency** | |  | DEPARTMENT OF STATE | | **3. Employee Identification Number** | **9. Bureau (Institution, Board, or Commission)** | |  | Legal Services Administration | | **4. Civil Service Position Code Description** | **10. Division** | | ADMIN LAW EXAMINER-E |  | | **5. Working Title (What the agency calls the position)** | **11. Section** | | Administrative Law Examiner | Administrative Hearings Section | | **6. Name and Position Code Description of Direct Supervisor** | **12. Unit** | | TULLOCH-BROWN, COLLEEN A; STATE OFFICE ADMINISTRATOR |  | | **7. Name and Position Code Description of Second Level Supervisor** | **13. Work Location (City and Address)/Hours of Work** | | VACANT; SENIOR DEPUTY DIRECTOR | / Monday – Friday, 8:00am – 5:00pm | | |  | | |  |
|  | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **14. General Summary of Function/Purpose of Position** | |  |  | |  |  |  |  | | |  | | --- | | This position conducts various types of administrative hearings resulting from appeals of persons aggrieved by a licensing sanction taken by the Department and by statute; in addition, this position conducts implied consent hearings under the drunk driving statutes of Michigan.  In these types of hearings the administrative law examiner issues findings of fact and conclusions of law, creates a record for appeal, and issues a final decision. | | | |  | |  |  |  |  | | | |  |

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|  |  |  |  | |  |  |  | | --- | --- | --- | | |  | | --- | | **15. Please describe the assigned duties, percent of time spent performing each duty, and what is done to complete each duty.  List the duties from most important to least important. The total percentage of all duties performed must equal 100 percent.** | | | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | | **Duty 1** | | | | **General Summary:** | **Percentage:** | **10** | | Conduct hearings and issue final orders on implied consent hearings for petitioners who have allegedly refused to take a chemical test following an arrest for drunk driving. | | | | **Individual tasks related to the duty:** |  |  | | * Review case files; issue subpoenas as requested. * Create a hearing record reviewable in circuit court upon appeal. * Conduct a hearing involving two parties, witnesses, sworn testimony, exhibits, credibility determinations, etc. One or both parties are often represented by counsel. * Write findings of fact and conclusions of law, research these issues for precedent and authority, and apply analysis. * Issue timely final orders. | | | | **Duty 2** | | | | **General Summary:** | **Percentage:** | **75** | | Conduct hearings and issue final orders on appeal from habitual alcohol violators. | | | | **Individual tasks related to the duty:** |  |  | | * Review case file, including driving record. * Create a hearing record reviewable in circuit court upon appeal. * Conduct a hearing with the habitual alcohol violator as defined by statute. Obtain testimony and evidence from the petitioner. * Write findings of fact and conclusions of law, analyze testimony and evidence while evaluating the risk to the public. * Issue timely final orders. * Conduct Breath Alcohol Ignition Interlock Device (BAIID) appeals for major violations. * Conduct show cause hearings for persons believed to have violated the terms and/or conditions of their restricted license. | | | | **Duty 3** | | | | **General Summary:** | **Percentage:** | **10** | | Conduct hearings and issue final orders on appeals from licensing sanctions taken by the Department or as authorized by the Michigan Vehicle Code. | | | | **Individual tasks related to the duty:** |  |  | | * Review case file, including driving record. * Create a hearing record reviewable in circuit court upon appeal. * Conduct a hearing with the petitioner as defined by statute. Obtain evidence and testimony from the petitioner. A knowledge of departmental policies and procedures is necessary. * Issuing timely final orders. | | | | **Duty 4** | | | | **General Summary:** | **Percentage:** | **5** | | Research legal issues as assigned by the supervisor; review proposed legislation; review department forms, answer telephone calls and respond to written inquiries from the public, including inquiries from attorneys and law enforcement officials.  Propose rules for promulgation, and perform other related duties as assigned. | | | | **Individual tasks related to the duty:** |  |  | |  | | | | | | | | | | |  |
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|  |  |  |  | |  |  | | --- | --- | |  |  | |  | |  | | --- | | **16. Describe the types of decisions made independently in this position and tell who or what is affected by those decisions.** | | |  |  | | |  | | --- | | Determine the credibility of a witness based upon analysis of testimony and demeanor.  Determine content of final orders based upon the documentation and testimony available.  These determinations affect the licensee. | | | | | | | | |  |
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|  |  |  |  |  |  | |  |  | | --- | --- | |  |  | |  | |  | | --- | | **17. Describe the types of decisions that require the supervisor's review.** | | |  |  | | |  | | --- | | Decisions involving statutes or procedures that are unclear when applied to a given problem require a supervisory review.  Situations beyond the scope, expertise or authority of the administrative law examiner requires supervisory review. | | | | | | |  |
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|  |  |  | |  |  |  | | --- | --- | --- | |  | |  | | --- | | **18. What kind of physical effort is used to perform this job? What environmental conditions in this position physically exposed to on the job? Indicate the amount of time and intensity of each activity and condition. Refer to instructions.** | | |  |  | | |  | | --- | | Normal office environment.  May require driving throughout the State as needed to conduct administrative hearings, attend meetings, and other duties assigned. | | | | | | | | | |  |
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|  |  |  |  |  | |  |  |  |  | | --- | --- | --- | --- | | |  | | --- | | **19. List the names and position code descriptions of each classified employee whom this position immediately supervises or oversees on a full-time, on-going basis.** | | | | |  |  |  | | |  | | --- | | **Additional Subordinates** | | |  | |  |  |  | |  | |  | | --- | |  | |  | |  |  |  | | | | | |  |
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|  | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  | | --- | | **20. This position's responsibilities for the above-listed employees includes the following (check as many as apply):** | | | | | | | | | | |  |  |  |  |  |  |  |  |  | |  | |  | | --- | | N | |  | |  | | --- | | Complete and sign service ratings. | |  | |  | | --- | | N | |  | |  | | --- | | Assign work. | |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  | |  | | --- | | N | |  | |  | | --- | | Provide formal written counseling. | |  | |  | | --- | | N | |  | |  | | --- | | Approve work. | |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  | | --- | | N | |  |  |  | |  | |  | | --- | | N | |  | |  | | --- | | Approve leave requests. | |  |  | |  | | --- | | Review work. | |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  | |  | | --- | | N | |  | |  | | --- | | Approve time and attendance. | |  | |  | | --- | | N | |  | |  | | --- | | Provide guidance on work methods. | |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  | |  | | --- | | N | |  | |  | | --- | | Orally reprimand. | |  | |  | | --- | | N | |  | |  | | --- | | Train employees in the work. | |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | | | | | | | | | |  |
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|  | |  |  |  | | --- | --- | --- | | |  | | --- | | **22. Do you agree with the responses for items 1 through 20? If not, which items do you disagree with and why?** | | | |  |  | |  | |  | | --- | | Yes | | | | | | | | | | |  |
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|  | |  |  |  | | --- | --- | --- | | |  | | --- | | **23. What are the essential functions of this position?** | | | |  |  | |  | |  | | --- | | Conducting administrative hearings and issuing final orders. | | | | | | | | | | |  |
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|  |  |  | |  |  |  | | --- | --- | --- | | |  | | --- | | **24. Indicate specifically how the position's duties and responsibilities have changed since the position was last reviewed.** | | | |  |  | |  | |  | | --- | |  | | | | | | | | |  |
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|  |  | |  |  |  | | --- | --- | --- | | |  | | --- | | **25. What is the function of the work area and how does this position fit into that function?** | | | |  |  | |  | |  | | --- | | The Administrative Hearings Section conducts administrative hearings related to regulatory functions of the department including driver license appeal hearings, driver’s education, campaign finance, dealers, mechanics and repair facilities.  The Administrative Hearings Section is also responsible for the Breath Alcohol Ignition Interlock Device (BAIID) Program.  The majority of hearings are the result of petitioners appealing licensing sanctions taken by the Department of State through statute.  Persons in this position conduct these hearings, creating a record for review on appeal to circuit court.  The administrative law examiner must gather evidence and testimony and make conclusions of law based upon findings of fact. | | | | | | | | | |  |
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|  |  | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | |  | | --- | | **26. What are the minimum education and experience qualifications needed to perform the essential functions of this position.** | | | | | | |  | |  |  |  |  |  |  |  | | |  | | --- | | **EDUCATION:** | | |  |  |  |  |  | |  |  |  |  |  |  |  | | |  | | --- | | Possession of a Juris Doctorate degree from an accredited school of law. | | | | | | | | |  |  |  |  |  |  |  | | |  | | --- | | **EXPERIENCE:** | | |  |  |  |  |  | |  |  |  |  |  |  |  | | |  | | --- | | **Administrative Law Examiner 13** No specific type or amount is required.  **Administrative Law Examiner 14** One year of professional experience in legal work equivalent to an Administrative Law Examiner 13 or Administrative Law Specialist 13, or one year of experience as an attorney.  **Administrative Law Examiner P15** Two years of professional experience in legal work, including one year equivalent to an Administrative Law Examiner 14 or Administrative Law Specialist 14, or two years of experience as an attorney. | | | | | | | | |  |  |  |  |  |  |  | | |  | | --- | | **KNOWLEDGE, SKILLS, AND ABILITIES:** | | | |  |  |  |  | |  |  |  |  |  |  |  | | |  | | --- | | Ability to analyze information and evidence.  Ability to communicate effectively verbally and in writing. | | | | | | | | |  |  |  |  |  |  |  | | |  | | --- | | **CERTIFICATES, LICENSES, REGISTRATIONS:** | | | | |  |  |  | |  |  |  |  |  |  |  | | |  | | --- | | Member of the State Bar of Michigan. | | | | | | | | |  |  |  |  |  |  |  | |  | |  | | --- | | ***NOTE: Civil Service approval does not constitute agreement with or acceptance of the desired qualifications of this position.*** | | | | |  |  | |  |  |  |  |  |  |  | | | | | | | | |  |
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|  |  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | |  | |  | | --- | | ***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** | |  | |  | | --- | | **Date** | |  | |  |  |  |  |  | | | | | | | | |  |
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|  |  |  |  |  |  |  |  | |  | | --- | | **TO BE FILLED OUT BY APPOINTING AUTHORITY** | |  |  |
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|  |  |  |  |  |  |  | |  |  |  | | --- | --- | --- | |  |  |  | |  | |  | | --- | | **Indicate any exceptions or additions to the statements of employee or supervisors.** | |  | |  |  |  | |  | |  | | --- | | N/A | |  | |  |  |  | | | |  |
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