

**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.**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2. Employee's Name (Last, First, M.I.)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>8. Department/Agency</b><br>TECH, MGMT AND BUDGET - IT                                                                                      |
| <b>3. Employee Identification Number</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>9. Bureau (Institution, Board, or Commission)</b><br>CENTER FOR SHARED SOLUTIONS                                                            |
| <b>4. Civil Service Classification of Position</b><br>ITT 7,8,9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>10. Division</b><br>CLIENT SERVICE CENTER                                                                                                   |
| <b>5. Working Title of Position (What the agency titles the position)</b><br>HELP DESK TECHNICIAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>11. Section</b><br>INCIDENT MANAGEMENT / MICJIN SUPPORT                                                                                     |
| <b>6. Name and Classification of Direct Supervisor</b><br>IT SUPERVISOR 11 – Robert Weck                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>12. Unit</b>                                                                                                                                |
| <b>7. Name and Classification of Next Higher Level Supervisor</b><br>IT MANAGER 14 – Matthew Cook                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>13. Work Location (City and Address)/Hours of Work</b><br>Operations Center, 7285 Parsons Dr. 1 <sup>st</sup> Floor,<br>Dimondale, MI 48821 |
| <b>14. General Summary of Function/Purpose of Position</b><br>Member of the team responsible for providing IT support to State of Michigan employees and partners. Log and track requests received from clients. Investigate, evaluate and resolve reported support issues and requests. Responsible for providing technical assistance in the implementation of technology and automation initiatives. Responsibilities including, but not limited to: log, categorize, prioritize incidents, perform initial diagnosis and determine if escalation is necessary, installing and maintaining software, serving as a troubleshooter in the implementation and use of workstations and associated software and hardware; and answering technical phone lines. |                                                                                                                                                |
| <b>For Civil Service Use Only</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                |

**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 95**

Log, track, and monitor all requests. Fulfill pre-defined and pre-approved services. Log, categorize, and prioritize incidents. Performs initial diagnosis and determine if escalation is necessary, either functional or hierarchical as appropriate. Investigate and diagnosis issues per internal policies and procedures. Apply resolutions and/or workaround as appropriate to restore client operation as quickly as possible.

**Individual tasks related to the duty.**

- Answer incoming calls and emails, meeting identified response standards.
- Log requests for technical assistance received via the Client Service Center (CSC) phone, fax or email into ticketing system.
- Monitor open cases for resolution within established timeframes and escalate to appropriate parties when necessary.
- Maintain acceptable levels for identified metrics, such as After Call Work, Adherence to Schedule, Availability, Service Level Agreements, etc.
- Provide technical support and problem resolution for identified types of technical problems, using established procedures, guidelines and resources.
- Document all information regarding the resolution of requests for technical assistance in the Remedy system, using established guidelines and procedures.
- Attend meetings and training sessions on policy, procedure, etc, of applications, hardware, software, etc., as required.
- Help users in making transition to new or upgraded hardware/software.

Duty 2

**General Summary of Duty 2**                      **% of Time 5**

Perform special duties as assigned.

**Individual tasks related to the duty.**

- Assist management in special projects as necessary.

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.

- The priority assigned to requests for service.
- Which requests can be resolved remotely.
- When to escalate a service issue to the technicians' supervisor.
- Prioritize problem resolution activities to utilize best use of resources.
- Determine a course of action for the resolution of problems.

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

- Establishing priorities when the workload becomes excessive.
- When the instructions or guidelines provided are insufficient to conduct the necessary activity.
- When problems develop that do not have known solutions.
- When problems develop that impact identified critical agency functions or staff.
- When decisions involve staff assignments, billable expenses, ordering new hardware or software.

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.

- Use of a telephone extensively.
- Use of a computer terminal and keyboard extensively, many hours daily in front of a computer screen.
- Extensive sitting.
- General business environment.
- Conditions can be stressful.
- The employee may be required to lift and or push up to 40 pounds.

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 checked="" type="checkbox"/> Provide guidance on work methods. |
| <input type="checkbox"/> Orally reprimand.                  | <input checked="" 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?

Provide front-line technical support for State of Michigan employees and partners.

Critical Job Role: Helpdesk Technician

Competencies: Adaptability, Building Customer Loyalty, Communication, Contributing to Team Success, Stress Tolerance, Decision Making, Managing Work, Job Knowledge.

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

New Position (as appropriate)

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

The front line provides a single-point of contact for all computer-related issues for all end-users throughout the state. All calls are logged and tracked to ensure high levels of service are met. This position is integral to the function and operation of the helpdesk.

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

**EDUCATION:**

Possession of a certificate in information systems, data processing, electronics technology, mainframe operations or microcomputer systems gained through completion of a one-year college level curriculum or equivalent experience.

**EXPERIENCE:**

ITT 7 – No specific type or amount required.

ITT 8 - One year of experience as an information technology technician.

ITT 9 – Two years of experience as an information technology technician.

**KNOWLEDGE, SKILLS, AND ABILITIES:**

Demonstrated ability to provide positive customer service. Demonstrated ability in the basic operation of PC-based word processing, spreadsheet, and database software. Good communication skills, both verbal and written. Ability to acquire and maintain current knowledge of identified software products and support policies in order to provide technically accurate solutions to customers. Demonstration of good team skills. Ability to work under stressful conditions. Demonstrated ability to adapt to change. 1 year of experience in an IT Help Desk and demonstrated use of Remedy is preferred.

**CERTIFICATES, LICENSES, REGISTRATIONS:**

Employees in this position must meet all security requirements established by the Department of Technology, Management & Budget. This position requires passing a pre-employment screening, including passing a drug screen, criminal history background check and a fingerprint check by the Michigan State Police. Microsoft (MOUS, MCDST or MCSE) A+, Network+ and Dell Premier Access is preferred.

Duties may involve use of personal vehicle.

**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