

1. Position Code

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 Natural Resources
3. Employee Identification Number	9. Bureau (Institution, Board, or Commission) Resource Management
4. Civil Service Classification of Position Non-career Laboratory Assistant-E (6)	10. Division Wildlife
5. Working Title of Position (What the agency titles the position) Seasonal Lab Assistant	11. Section Wildlife Health
6. Name and Classification of Direct Supervisor Melinda Cosgrove Laboratory Manager 13	12. Unit Wildlife Disease Laboratory (WDL)
7. Name and Classification of Next Higher Level Supervisor VACANT, State Administrative Manager 15	13. Work Location (City and Address)/Hours of Work 4125 BEAUMONT ROAD; LANSING, MI 48910 / Mainly Monday – Friday 8:00 – 5:00 but hours will vary

14. General Summary of Function/Purpose of Position
This position acts as assistance for chronic wasting disease (CWD) and bovine tuberculosis (bTB) testing. Work is performed through the application of a body of knowledge related to standard laboratory methods, practices, procedures, materials and equipment.

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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 **90% of Time**

Assist with CWD and bTB activities at the Wildlife Disease Laboratory.

Individual tasks related to the duty.

- Assist with unloading specimens from trucks upon delivery.
- Set up of necropsy area and assist unbagging deer specimens for exam.
- Examines deer, elk, and moose for bTB and CWD surveillance and monitoring activities.
- Prepares (tissue trimming) CWD samples for submission to the diagnostic lab.
- Works in a BSL-2 and BSL-3-Ag environment on wildlife infected with zoonotic diseases.
- Use of proper personal protective equipment and safety procedures.
- Clean up of utensils, tables, and floors upon completion of disease examinations.
- Data entry of records from sampled wildlife into DNR bTB/CWD database.
- Completes tuberculosis skin testing and respirator fit test.
- Prepares supplies and equipment for surveillance work.

Duty 2

General Summary of Duty 2 **10% of Time**

Other duties as assigned

Individual tasks related to the duty.

- Data entry for other Wildlife Division projects.
- Assist with sampling efforts for general wildlife health, population monitoring, and genetic studies.
- Assist with incoming phone calls and emails by providing answers when able or routing to appropriate Wildlife Health Section staff.
- Prepare supplies needed for various projects.
- Assist with supply inventory and restocking of locker rooms as needed.

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.

Decisions are to be made regarding the most effective and efficient way to complete assigned tasks.

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

Decisions regarding setting priorities when time conflicts arise, changes to established laboratory procedures, and how to complete procedures if unclear. Work hour scheduling and changes to established schedule.

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.

There is regular exposure to diseases, some potentially fatal, work in a Biosafety Level 3-Ag laboratory, and frequent exposure to strong smells and chemicals. Lifting, standing, and long periods of repetitive laboratory bench work are everyday tasks. Occasional exposure to stress may be brought on by various deadlines and seasonally heavy workloads.

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?
Not applicable.

23. What are the essential duties of this position?

As stated in Items 14 and 15, above.

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

Seasonal position

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

The DNR Wildlife Health Section is responsible for monitoring the health and well-being of wildlife in the State of Michigan. This position is responsible for supporting this mission, assisting with laboratory support for disease surveillance and monitoring.

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 high school degree.

A minimum of a bachelor's degree in wildlife biology or closely related field is preferred.

EXPERIENCE:

Non-career Laboratory Assistant-E (6) – No specific experience required.

Experience with wildlife samples, wildlife disease, and laboratory techniques desired.

KNOWLEDGE, SKILLS, AND ABILITIES:

- Knowledge and skills in laboratory work, wildlife pathology, wildlife management, and strong computer skills are desired.
- Ability to handle biological samples and laboratory equipment.
- Must be willing to take an annual TB test and respirator fit test.
- Willingness to work hard.
- Ability to handle working in a fast-paced environment where accurate results are necessary.

CERTIFICATES, LICENSES, REGISTRATIONS:

Valid driver's license.

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