

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 Department of Health and Human Services
3. Employee Identification Number	9. Bureau (Institution, Board, or Commission)
4. Civil Service Classification of Position Secretary 7/8	10. Division
5. Working Title of Position (What the agency titles the position) Secretary	11. Section
6. Name and Classification of Direct Supervisor	12. Unit
7. Name and Classification of Next Higher Level Supervisor	13. Work Location (City and Address)/Hours of Work

14. General Summary of Function/Purpose of Position

Duties in this position include but are not limited to: being aware of and having knowledge of the Director's viewpoint in relation to sensitive and difficult situations and issues. Preparing and editing routine correspondence and reports; and taking meeting minutes. Assembles information from files, documents, newspapers, and other available resources for use by the Director, office staff, and others.

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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 % of Time 60

Provide secretarial support

Individual tasks related to the duty.

- Proofread and edit various types of documents and data, ensuring accuracy and professionalism.
- Coordinates meetings, prepares agendas, collects and distributes pre and post meeting materials as well as setup requirements.
- Composes correspondence and prepares reports.
- Collects material for meetings and conferences, takes minutes, keeps records of proceedings.
- Provides administrative assistance to the Director and keeps the Director informed of office details. Advises Director and supervision of problems as they become evident.
- Handles confidential information for the Director.
- Manages and organizes the Director's files.

Duty 2

General Summary of Duty 2 % of Time 40

Organization for the Director

Individual tasks related to the duty.

- Composes letters and/or memos in response to incoming mail or calls; reviews, proofreads, and edits documents
- Performs related work appropriately as assigned

Duty 3

General Summary of Duty 3

% of Time

Individual tasks related to the duty.

-

Duty 4

General Summary of Duty 4

% of Time

Individual tasks related to the duty.

-

Duty 5

General Summary of Duty 5

% of Time _____

Individual tasks related to the duty.

-

Duty 6

General Summary of Duty 6

% of Time _____

Individual tasks related to the duty.

-

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 appropriate to my authorized authority.

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

Decisions outside authorized authority and those with major fiscal, resource or political consequences, including those that have impact across multiple units in the department.

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.

Standard office environment.

Conditions/Hazards: None

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?

- Must be able to interpret program in response to telephone inquiries
- Compose letters in response to citizen inquiries
- Coordinate office assignments
- Provide general office management
- Must provide full range of secretarial support for the Director

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

Downgrading this position training purposes and it is expected that the position will grow back to the Exec. Sec. E10. This position will still be responsible for assisting the county Director.

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

This is an integral position which handles customer satisfaction, employee responses and community relations.

This position is key in maintaining a harmonious level with all facets of agency staff and the public which we serve.

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

EDUCATION:

Education typically acquired through completion of high school.

EXPERIENCE:

Secretary 7

Two years of office experience involving administrative support practices, including one-year equivalent to 6-level administrative support experience.

Secretary E8

Three years of office experience involving administrative support practices, including one year equivalent to experienced-level administrative support work or equivalent to a Secretary 7 or Legal Secretary 7.

KNOWLEDGE, SKILLS, AND ABILITIES:

As listed on the Civil Service job specification.

The MDHHS mission is to provide opportunities, services, and programs that promote a healthy, safe, and stable environment for residents to be self-sufficient. We are committed to ensuring a diverse workforce and a workenvironment whereby all employees are treated with dignity, respect and fairness.

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