

**State of Michigan  
Civil Service Commission**

Capitol Commons Center, P.O. Box 30002  
Lansing, MI 48909

**Position Code**

1. OFFCSPV1C99N

**POSITION DESCRIPTION**

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.

<b>2. Employee's Name (Last, First, M.I.)</b>	<b>8. Department/Agency</b> MDHHS-MACOMB COUNTY
<b>3. Employee Identification Number</b>	<b>9. Bureau (Institution, Board, or Commission)</b> Field Operations Administration
<b>4. Civil Service Position Code Description</b> Office Supervisor-1	<b>10. Division</b>
<b>5. Working Title (What the agency calls the position)</b> Office Supervisor - 9	<b>11. Section</b>
<b>6. Name and Position Code Description of Direct Supervisor</b> ; SOCIAL SERVICES DIVISION ADMIN 17	<b>12. Unit</b>
<b>7. Name and Position Code Description of Second Level Supervisor</b> ; SOCIAL SERVICES DIVISION ADMIN 17	<b>13. Work Location (City and Address)/Hours of Work</b> Sterling Heights District, Macomb County / 8-5

**14. General Summary of Function/Purpose of Position**

Employees in this job supervise a variety of administrative support tasks for a work area, such as processing of documents, purchasing activities, filing, production, typing, communication and public relations practices, data coding, data processing, medical claims processing, and processing of driver and vehicle records. The employee works within general methods and guidelines, and exercises discretion in supervising the work of subordinate employees. The Office Supervisor 09 -11 employee serves as a first line supervisor with responsibility for directing administrative support employees in a standard work area. While this is a supervisory role, the employee will have first line worker responsibilities. This position also functions as the Human Resources and Accounting on-site contact for the Business Service Center (BSC).

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.

16. Describe the types of decisions made independently in this position and tell who or what is affected by those decisions.

- Create & coordinate staff in-day schedule.
- Independent judgment is used based on written policy interpretation, experience, and knowledge of practices and procedures. Decides unit/staff work priorities in consultation with county director.

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

- Training and leave requests.
- Staff performance evaluations.
- Unit and individual work schedules.
- Progressive discipline.
- Decisions that may impact on overall local office operations or when guidelines are unclear.

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.

Requires the physical effort of sitting for long periods of time, standing, bending, and lifting heavy equipment or boxes occasionally.

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

20. This position's responsibilities for the above-listed employees includes the following (check as many as apply):

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

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

New position

23. What are the essential functions of this position?

This position supervises a variety of administrative support tasks.

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

New position.

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

The work unit provides all administrative support to the local office operations and is responsible for all fiscal accounting and controls for the various funds and allocations. This position provides first-line supervision for the administrative support staff.

26. 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:

**Office Supervisor 9 - 10**

Four years of office experience involving administrative support office practices, including two years equivalent to an E7-level administrative support worker.

**Office Supervisor 11 - 12**

Seven years of office experience involving administrative support office practices, including three years equivalent to a first-line administrative support supervisor.

**KNOWLEDGE, SKILLS, AND ABILITIES:**

N/A

**CERTIFICATES, LICENSES, REGISTRATIONS:**

N/A

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

*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

**TO BE FILLED OUT BY APPOINTING AUTHORITY**

Indicate any exceptions or additions to the statements of employee or supervisors.

N/A

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

CANDACE EWING

7/14/2015

\_\_\_\_\_  
Appointing Authority

\_\_\_\_\_  
Date

*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.*

\_\_\_\_\_  
Employee

\_\_\_\_\_  
Date