

Position Code

1.

State of Michigan
Civil Service Commission
Capitol Commons Center, P.O. Box 30002
Lansing, MI 48909
POSITION DESCRIPTION

This position description serves as the official classification document of record for this position. Please complete this form 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
3.Employee Identification Number	9.Bureau (Institution, Board, or Commission)
4.Civil Service Position Code Description	10.Division
5.Working Title (What the agency calls the position)	11.Section
6.Name and Position Code Description of Direct Supervisor	12.Unit
7.Name and Position Code Description of Second Level Supervisor	13.Work Location (City and Address)/Hours of Work

14. General Summary of Function/Purpose of Position

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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 of Duty 1 **% of Time** _____

Individual tasks related to the duty.

-

Duty 2

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

Individual tasks related to the duty.

-

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 made independently in this position and tell who or what is affected by those decisions.

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

18. What kind of physical effort is used to perform this job? What environmental conditions is this position physically exposed to on the job? Indicate the amount of time and intensity of each activity and condition. Refer to instructions.

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

___ Complete and sign service ratings.

___ Provide formal written counseling.

___ Approve leave requests.

___ Approve time and attendance.

___ Orally reprimand.

___ Assign work.

___ Approve work.

___ Review work.

___ Provide guidance on work methods.

___ 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?

23. What are the essential functions of this position?

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

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

26. What are the minimum education and experience qualifications needed to perform the essential functions of this position?

EDUCATION:

EXPERIENCE:

KNOWLEDGE, SKILLS, AND ABILITIES:

CERTIFICATES, LICENSES, REGISTRATIONS:

NOTE: Civil Service approval of this position does not constitute agreement with or acceptance of the desirable qualifications for 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's Signature

Date

TO BE FILLED OUT BY APPOINTING AUTHORITY

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

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

Appointing Authority Signature

Date

TO BE FILLED OUT BY EMPLOYEE

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's Signature

Date

NOTE: Make a copy of this form for your records.