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|  |  | |  |  | | --- | --- | | |  | | --- | | 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. | | |  | | |  |  | | --- | --- | | **2. Employee's Name (Last, First, M.I.)** | **8. Department/Agency** | |  | LEO-Labor and Economic Opportunity | | **3. Employee Identification Number** | **9. Bureau (Institution, Board, or Commission)** | |  | Michigan Rehabilitation Services (MRS) | | **4. Civil Service Position Code Description** | **10. Division** | | Rehabilitation Counselor - 9-P11 |  | | **5. Working Title (What the agency calls the position)** | **11. Section** | | Rehabilitation Counselor |  | | **6. Name and Position Code Description of Direct Supervisor** | **12. Unit** | | Vocational Rehabilitation Manager 13 |  | | **7. Name and Position Code Description of Second Level Supervisor** | **13. Work Location (City and Address)/Hours of Work** | | Vocational Rehabilitation Manager 14 | Various, Michigan / 8:00 a.m. - 5:00 p.m., Mon - Fri | | |  | | | | | | | | |  |
|  | |  |  |  |  | | --- | --- | --- | --- | |  |  |  |  | |  | |  | | --- | | **14. General Summary of Function/Purpose of Position** | |  |  | |  |  |  |  | | |  | | --- | | This position carries out a range of professional rehabilitation counseling services, including vocational guidance, physical restoration, training and placement to persons with disabilities.  Informs community resources and general public of vocational rehabilitation services within assigned geographic or program area. | |  | | | |  | | | | | | | | | |  |
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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:** | **Percentage:** | **85** | | In an area of the state, serves referred customer with vocational handicaps to bring about their vocational rehabilitation. | | | | **Individual tasks related to the duty:** |  |  | | Tasks might include the following and others:   * Gathers pertinent educational, social, medical, psychological, and vocational data relative to the customer; determines customer’s needs and eligibility for rehabilitation services. * Determines vocational objective and develops vocational rehabilitation plan with customer. * Provides vocational counseling and guidance. * Coordinates community services and authorizes expenditures to help customer reach vocational objective. * Provides job development services for placement-ready customers, including job-seeking skills training and developing job leads. * Maintains assigned employer accounts to create employment opportunities for customers. * Provides post-employment services necessary to maintain suitable employment for customers. * Manages case service budgets and case records with established policies and procedures. * Performs related work as assigned. | | | | **Duty 2** | | | | **General Summary:** | **Percentage:** | **10** | | Conducts analytical and developmental tasks surrounding the provision of rehabilitation services. | | | | **Individual tasks related to the duty:** |  |  | | * Analyzes customer population to be served. * Develops budgetary and manpower resources needed to serve customer populations. * Sets specific work objectives in accordance with district, regional, and agency goals. * Assist in development of community resources resulting from the referral of persons with disabilities for services. | | | | **Duty 3** | | | | **General Summary:** | **Percentage:** | **5** | | Other duties as assigned. | | | | **Individual tasks related to the duty:** |  |  | | * Perform other duties as assigned by MRS Leadership. | | | | | | | | | | |  |
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|  |  |  |  | |  |  | | --- | --- | |  |  | |  | |  | | --- | | **16. Describe the types of decisions made independently in this position and tell who or what is affected by those decisions.** | | |  |  | | |  | | --- | | Determine eligibility for services and the appropriateness of the customer’s vocational goal.  Decide on the services required by the IPE and how these services are to be provided.  Authorize the cost of services for which the agency is responsible.  Determine that services were appropriately provided prior to payment of the bill.  Decide if the customer is appropriately employed prior to closing case. | | | | | | | | |  |
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|  |  |  |  |  |  | |  |  | | --- | --- | |  |  | |  | |  | | --- | | **17. Describe the types of decisions that require the supervisor's review.** | | |  |  | | |  | | --- | | Expenditures over $3000.  Eligibility decisions regarding individuals who are employed at intake. | | | | | | |  |
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|  |  |  | |  |  |  | | --- | --- | --- | |  | |  | | --- | | **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.** | | |  |  | | |  | | --- | | Physical activity consists of light lifting of books and other materials and occasional walking.  Must be able to travel to other locations. | | | | | | | | | |  |
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|  |  |  |  |  | |  |  |  |  | | --- | --- | --- | --- | | |  | | --- | | **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** | | |  | |  |  |  | |  | |  | | --- | |  | |  | |  |  |  | | | | | |  |
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|  | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  | | --- | | **20. This position's responsibilities for the above-listed employees includes the following (check as many as apply):** | | | | | | | | | | |  |  |  |  |  |  |  |  |  | |  | |  | | --- | | N | |  | |  | | --- | | Complete and sign service ratings. | |  | |  | | --- | | N | |  | |  | | --- | | Assign work. | |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  | |  | | --- | | N | |  | |  | | --- | | Provide formal written counseling. | |  | |  | | --- | | N | |  | |  | | --- | | Approve work. | |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  |  |  |  |  | |  | | --- | | N | |  |  |  | |  | |  | | --- | | N | |  | |  | | --- | | Approve leave requests. | |  |  | |  | | --- | | Review work. | |  | |  |  |  |  |  |  | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  | |  | | --- | | N | |  | |  | | --- | | Approve time and attendance. | |  | |  | | --- | | N | |  | |  | | --- | | Provide guidance on work methods. | |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | |  | |  | | --- | | N | |  | |  | | --- | | Orally reprimand. | |  | |  | | --- | | N | |  | |  | | --- | | Train employees in the work. | |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  | | | | | | | | | |  |
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|  | |  |  |  | | --- | --- | --- | | |  | | --- | | **22. Do you agree with the responses for items 1 through 20? If not, which items do you disagree with and why?** | | | |  |  | |  | |  | | --- | | Yes. | | | | | | | | | | |  |
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|  | |  |  |  | | --- | --- | --- | | |  | | --- | | **23. What are the essential functions of this position?** | | | |  |  | |  | |  | | --- | | Analyze rehabilitation needs of disability populations and of individual customers.  Develop Individualized Written Rehabilitation Programs.  Provide vocational counseling and guidance.  Develop community resources.  Authorize expenditures for services.  Provide job placement, job development and post-employment services.  Manage case service budgets and records. | | | | | | | | | | |  |
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|  |  |  | |  |  |  | | --- | --- | --- | | |  | | --- | | **24. Indicate specifically how the position's duties and responsibilities have changed since the position was last reviewed.** | | | |  |  | |  | |  | | --- | | N/A | | | | | | | | |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  | |  |  |  | | --- | --- | --- | | |  | | --- | | **25. What is the function of the work area and how does this position fit into that function?** | | | |  |  | |  | |  | | --- | | The function of the work area is to provide rehabilitation services to people with disabilities.  This position directly provides services and helps to generate community resources. | | | | | | | | | |  |
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|  |  | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | |  | | --- | | **26. What are the minimum education and experience qualifications needed to perform the essential functions of this position.** | | | | | | |  | |  |  |  |  |  |  |  | | |  | | --- | | **EDUCATION:** | | |  |  |  |  |  | |  |  |  |  |  |  |  | | |  | | --- | | Possession of a master's degree with a major in counseling, rehabilitation counseling, guidance and counseling, special education, social work, psychology, occupational therapy, speech therapy or physical therapy. | | | | | | | | |  |  |  |  |  |  |  | | |  | | --- | | **EXPERIENCE:** | | |  |  |  |  |  | |  |  |  |  |  |  |  | | |  | | --- | | **Rehabilitation Counselor 9** No specific type or amount is required.  **Rehabilitation Counselor 10** One year of professional experience providing rehabilitation counseling services equivalent to a Rehabilitation Counselor 9.  **Rehabilitation Counselor P11** Two years of professional experience providing rehabilitation counseling services equivalent to a Rehabilitation Counselor, including one year equivalent to a Rehabilitation Counselor 10; or, three years of professional experience providing rehabilitation services coordination equivalent to a Rehabilitation Services Coordinator, including one year equivalent to a Rehabilitation Services Coordinator P11. | | | | | | | | |  |  |  |  |  |  |  | | |  | | --- | | **KNOWLEDGE, SKILLS, AND ABILITIES:** | | | |  |  |  |  | |  |  |  |  |  |  |  | | |  | | --- | | Knowledge of disability, job requirements, assessment tools, vocational exploration, community training resources, and placement techniques.  Strong interpersonal and counseling skills.  Ability to independently make decisions and help motivate individuals to make informed choices. | | | | | | | | |  |  |  |  |  |  |  | | |  | | --- | | **CERTIFICATES, LICENSES, REGISTRATIONS:** | | | | |  |  |  | |  |  |  |  |  |  |  | | |  | | --- | | This special requirement is for the Michigan Rehabilitation Services (MRS) bureau only.  Newly employed counselors with master’s degree in counseling or a counseling related field who do not have documented graduate-level coursework with a primary focus in theories and techniques of counseling must complete such coursework/training during their 12-month probationary period through an accredited University (on-line or classroom training) to remain employed. | | | | | | | | |  |  |  |  |  |  |  | |  | |  | | --- | | ***NOTE: Civil Service approval does not constitute agreement with or acceptance of the desired qualifications of this position.*** | | | | |  |  | |  |  |  |  |  |  |  | | | | | | | | |  |
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|  |  | |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | |  | |  | | --- | | ***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** | |  | |  |  |  |  |  | | | | | | | | |  |
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|  |  |  |  |  |  |  |  | |  | | --- | | **TO BE FILLED OUT BY APPOINTING AUTHORITY** | |  |  |
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|  |  |  |  |  |  |  | |  |  |  | | --- | --- | --- | |  |  |  | |  | |  | | --- | | **Indicate any exceptions or additions to the statements of employee or supervisors.** | |  | |  |  |  | |  | |  | | --- | | N/A | |  | |  |  |  | | | |  |
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