|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |

|  |
| --- |
| **State of MichiganCivil Service Commission** |

 |  |  |  |

|  |  |  |
| --- | --- | --- |
|

|  |
| --- |
| **Position Code** |

 |  |
|  |  |
|

|  |
| --- |
| 1.  |

 |

 |
|  |

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

 |  |
|  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |

|  |
| --- |
| **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. |

 |
|  |
|

|  |  |
| --- | --- |
| **2. Employee's Name (Last, First, M.I.)** | **8. Department/Agency** |
|  | LEO-LABOR AND ECON OPPORTUNITY |
| **3. Employee Identification Number** | **9. Bureau (Institution, Board, or Commission)** |
|  | Michigan Rehabilitation Services (MRS) |
| **4. Civil Service Position Code Description** | **10. Division** |
| Rehabilitation Services Coordinator 9-11 | West Central Northern |
| **5. Working Title (What the agency calls the position)** | **11. Section** |
| Vocational Rehabilitation Services Coordinator – Grand Rapids | Grand Rapids |
| **6. Name and Position Code Description of Direct Supervisor** | **12. Unit**Grand Rapids |
| Kathleen WeaverVocational Rehabilitation Manager 14 |  |
| **7. Name and Position Code Description of Second Level Supervisor** | **13. Work Location (City and Address)/Hours of Work** |
| Fred LovejoyVocational Rehabilitation Manager 15 | 750 Front NW Grand RapidsMonday - Friday 8:00 A.M. - 5:00 P.M. Hybrid |

 |
|  |

 |  |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  |

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

 |  |  |
|  |  |  |  |
|

|  |
| --- |
| This position provides assistance to vocational rehabilitation staff in the provision of vocational rehabilitation services to individuals with disabilities, including but not limited to: intake, pre-employability and work maturity skills training, job development and job placement. Additional support may include follow up services, outreach to underserved populations, gathering educational, social, medical, psychological and vocational data from the customer, family and community vocational programs and supporting the management of case records. |

 |  |
|  |  |  |  |

 |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
|

|  |
| --- |
| **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:** | 70 |
| Provides a clear and concise overview of MRS services and eligibility criteria to potential customers, community partners, medical personnel and others within the district. The individual is responsible for case management support and follow up tasks. |
| **Individual tasks related to the duty:** |  |  |
| * Provides information about MRS and conducts intakes.
* Gathers educational, social, medical, psychological and vocational data from the customer, family and community vocational programs.
* Maintains records and electronic case files and prepares reports and correspondence related to the work.
* Prepares customers for work through provision of pre-employability skills and work maturity training.
* Provides outreach to underserved populations to improve job placement/retention outcomes.
* Provides customer follow up.
* Drafts authorizations in Aware.
 |
| **Duty 2** |
| **General Summary:**  | **Percentage:** | 25 |
| Collaborates and maintains relationships with internal and external partners to support customers with job development and job placement activities.  |
| **Individual tasks related to the duty:** |  |  |
| * Provides job development and placement services consistent with the customer’s individualized plan for employment.
* Supports customers with external and internal job openings, including helping with online applications, developing resumes, Talent Acquisition Portal (TAP), etc.
* Contacts community resources with referrals for the purpose of rendering services to customers.
* Maintains a working relationship with business relations consultants in the Business Network Division (BND) and Michigan Works! business solutions professionals to stay abreast of demand driven training opportunities and employment options.
* Assists with the arrangement and facilitation of job and resource fairs as well as hiring events.
 |
| **Duty 3** |
| **General Summary:** | **Percentage:** | 5 |
| Other duties as assigned. |
| **Individual tasks related to the duty:** |  |  |
| * Performs other duties as assigned by MRS leadership.
* Completes special projects as delegated by MRS leadership.
 |

 |

 |

 |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
|  |  |
|  |

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

 |
|  |  |
|

|  |
| --- |
| * Makes decisions within functional areas of authority.
* Decides how to carry out specific tasks and work assignments.
* Schedules planning that may affect others.
 |

 |

 |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
|  |  |
|  |

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

 |
|  |  |
|

|  |
| --- |
| * Decisions resulting in potential political impact.
 |

 |

 |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
|  |

|  |
| --- |
| **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.**  |

 |
|  |  |
|

|  |
| --- |
| * Frequent driving to various locations in the community, in all weather conditions, to meet with eligible and potentially eligible customers with disabilities, parents/guardians, schools and community partners.
* Physical activity consists of light lifting of materials and/or laptop.
* Must be able to sit or stand with/without reasonable accommodations.
 |

 |

 |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
|

|  |
| --- |
| **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):** |

 |
|  |  |  |  |  |  |  |  |  |
|  |

|  |
| --- |
| 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. |

 |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

 |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |

|  |  |
| --- | --- |
|

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

 |
|  |  |
|  |

|  |
| --- |
| Yes |

 |

 |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |

|  |  |
| --- | --- |
|

|  |
| --- |
| **23. What are the essential functions of this position?** |

 |
|  |  |
|  |

|  |
| --- |
| * This position provides assistance to vocational rehabilitation staff in the provision of vocational rehabilitation services to individuals with disabilities, including but not limited to: intake, pre-employability and work maturity skills training, job development and job placement. Additional support may include follow up services, outreach to underserved populations, gathering educational, social, medical, psychological and vocational data from the customer, family and community vocational programs and supporting the counselor to maintain case records.
 |

 |

 |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |

|  |  |
| --- | --- |
|

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

 |
|  |  |
|  |

|  |
| --- |
| Added additional duties related to case management support.  |

 |

 |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |

|  |  |
| --- | --- |
|

|  |
| --- |
| **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 assist VR staff in successfully preparing potentially eligible and eligible persons with disabilities to obtain, maintain and/or regain employment that will enable their independence and self-sufficiency and subsequent contribution to the state’s workforce. This is done in accordance with federal and state regulations and bureau policies and procedures.
 |

 |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |

|  |  |  |
| --- | --- | --- |
|

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

 |  |
|  |  |  |  |  |  |  |
|

|  |
| --- |
| **EDUCATION:** |

 |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Possession of a bachelor’s degree with a major in rehabilitation counseling/services, secondary education, special education, business, human resources, social work, psychology, guidance and counseling, or occupational therapy. |
|  |  |  |  |  |  |  |
|

|  |
| --- |
| **EXPERIENCE:** |

 |  |  |  |  |  |
|  |  |  |  |  |  |  |
|

|  |
| --- |
| Rehabilitation Services Coordinator 9 No specific type or amount is required. Rehabilitation Services Coordinator 10 One year of professional experience providing rehabilitation services coordination equivalent to a Rehabilitation Services Coordinator 9. Rehabilitation Services Coordinator P11 Two years of professional experience providing rehabilitation services coordination equivalent to a Rehabilitation Services Coordinator, including one year equivalent to a Rehabilitation Services Coordinator 10. |

 |
|  |  |  |  |  |  |  |
|

|  |
| --- |
| **KNOWLEDGE, SKILLS, AND ABILITIES:** |

 |  |  |  |  |
|  |  |  |  |  |  |  |
|

|  |
| --- |
| * Knowledge of the principles and methods of rehabilitation training.
* Knowledge of the psychology of physical and mental disabilities.
* Knowledge of the limitations and abilities of customers.
* Knowledge of occupations open to individuals with a particular disability.
* Knowledge of casework and interviewing techniques.
* Knowledge of training and placement facilities available to the individuals with disabilities.
* Knowledge of community services and organizations available to individuals with disabilities.
* Ability to obtain cooperation of employers, educators, physicians and others.
* Ability to work with professional and technical personnel in a particular area of employment.
* Ability to maintain records, and prepare reports and correspondence related to the work.
* Ability to communicate effectively with others.
 |

 |
|  |  |  |  |  |  |  |
|

|  |
| --- |
| **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.*** |

 |  |
|  |  |  |  |  |
|  |

|  |
| --- |
|  |

 |  |

|  |
| --- |
|  |

 |  |
|  |  |  |  |  |
|  |

|  |
| --- |
| **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** |

 |  |
|  |  |  |  |
|  |  |  |  |  |

 |  |
|  |  |  |  |  |  |  |  |  |  |  |