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

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| 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 |
|  | Licensing and Regulatory Affairs |
| 3.Employee Identification Number | 9. Bureau (Institution, Board, or Commission) |
|  | Construction Codes |
| 4.Civil Service Position Code Description | 10. Division |
| Departmental Technician-E | Specialty Trades |
| 5.Working Title (What the agency calls the position) | 11. Section |
| Specialty Trades Technician | Specialty Trades |
| 6.Name and Position Code Description of Direct Supervisor | 12. Unit |
| JONES, REBECCA M; STATE ADMINISTRATIVE MANAGER-1 |  |
| 7.Name and Position Code Description of Second Level Supervisor | 13. Work Location (City and Address)/Hours of Work |
| LAMBERT, KEITH; STATE BUREAU  ADMINISTRATOR | 611 W. Ottawa, Lansing / M-F 8-5 |
| 14. General Summary of Function/Purpose of Position | |
| This position functions as a departmental technician for the Specialty Trades Section administered under the authority of the Skilled Trades Regulation Act, 2016 PA 407, the Elevator Licensing Act, 1976 PA 333, the Elevator Safety Board Act, 1967 PA 227, the Ski Area Safety Act, 1962 PA 199, the Carnival – Amusement Safety Act of 1966, 1966 PA 225, and the Mobile Home Commission Act of 1987 as well as the associated administrative rules. This position will conduct document compliance and process applications for permit requesters and also provide technical guidance to external users on boiler, elevator and ski and amusement code, mobile home communities, and inspection fees. The departmental technician also assists callers with general inquiries regarding the programs; assists callers with case-specific problems and\or concerns; determines eligibility for inspections; responds to complaints and customers; fulfills FOIA requests; performs all administrative tasks to update customer information and provides forms, invoices, and violation notices and explanations to customers; responds to inquiries about rules, codes, and policies; and provides backup support to other functional areas. | |
| 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: 45**  Processes applications for permits, certificates, other associated requests, and forms, and assists with scanning preparation and record maintenance. | |
| **Individual tasks related to the duty.**  • Reviews applications and evaluates compliance with statutory and rule requirements for issuing certificates. Certifies qualifications are met on all applications.  • Processes requests for FOIA records.  • Maintains forms and templates and recommends changes when necessary.  • Reviews and provides input for procedures for the work unit.  • Explains work instructions, methods, procedures and policies to staff to facilitate their understanding and applicability of those procedures or policies.  • Explains methods, procedures and policies to customers to facilitate their understanding and applicability of those procedures or policies.  • Conduct training for new staff and cross-training for new staff as needed including data entry, customer service via the telephone and process review.  • Enters test records and permit applications for customers.  • Provides technical support to the State’s Inspectors and customers. | |
| Duty 2 **General Summary: Percentage: 45**  Respond to inquiries, requests, and applications regarding the requirements that must be met to obtain authorization to operate and sensors the accuracy and reliability of the information. | |
| **Individual tasks related to the duty.**  • Research inquiries by telephone or email to follow-up on questions and determines need for further review.  • Answers inquiries regarding functions, rules, regulations, policies and legislative proposals.  • Validates application data for completeness and accuracy prior to entering it into the database.  • Review, verify, and enter complied violation notices into the database. | |

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| Duty 3 **General Summary: Percentage: 10**  Other duties as assigned by management. | | | |
| **Individual tasks related to the duty.**  • Backup the functions of other program staff as assigned.  • Handle projects involving the analysis and research of section processes to ensure a customer-driven experience.  • Conduct training for new staff and cross-training for new staff as needed including data entry, customer service via the telephone and process review.  • Identify refund needs and process per procedures.  • Perform special projects for Section Manager or Bureau Director.  • Participate in (L)ean (P)rocess (I)mprovement teams for the bureau to streamline processes.  • Act as liaison between section and DTMB print staff.  • Act as supply liaison for Section field staff and office staff.  • Assists in keeping section training material current.  • Assist section rectify database inaccuracies. | | | |
| 16. Describe the types of decisions made independently in this position and tell who or what is affected by those decisions.  Locates appropriate records and provides information to customers, applicants and other relevant stakeholders. Interprets and applies instructions and guidelines to resolve work and\or case-related problems in accordance with procedures, policies and established practice. Persons affected by decisions include applicants, customers, general public, the department, bureau staff, and section staff. | | | |
| 17. Describe the types of decisions that require the supervisor’s review.  Supervisor review is required for decisions that are not addressed by policy or procedure, involve new or controversial issues, or that may have a negative impact on the bureau or department. | | | |
| 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.  Physical effort and environmental conditions are those that would normally be expected in a general office environment, including: the use of a personal computer, the lifting or carrying of office supplies, walking, standing, and sitting. Some travel may be required to attend meetings. | | | |
| 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.) | | | |
| NAME | CLASS TITLE | NAME | CLASS TITLE |
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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 Approve leave requests. N 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?  All duties are essential - ensuring compliance and process applications for permit requesters | | | |
| 24. Indicate specifically how the position’s duties and responsibilities have changed since the position was last reviewed.  This position is a backfill, duties have not changed. | | | |
| 25. What is the function of the work area and how does this position fit into that function?  The Specialty Trades Section has responsibility to review applications for the registration and safe operation of elevators, boilers, ski and amusement devices and mobile home community inspections in the State. This position is an entry-level technician responsible for determining processing requests, entering information, and assisting the general public, licensees, contractors, and others with information. | | | |
| 26. What are the minimum education and experience qualifications needed to perform the essential functions of this position? | | | |
| **EDUCATION:**  Possession of a high school diploma or a GED Certificate.  **EXPERIENCE:**  7-level – One year experience performing 7-level administrative support activities.  8-level – One year of experience as a business and administrative technician or business and administrative paraprofessional equivalent to the entry level in state service; OR One year of experience performing 8-level administrative support activities.  9-level – Two years of experience as a business and administrative technician or business and administrative paraprofessional, including one year of experience equivalent to the intermediate level in state service; OR One year of experience performing 9-level administrative support activities OR One year of experience as a supervisor of administrative support activities.  **KNOWLEDGE, SKILLS, AND ABILITIES:**  Ability to understand and apply policies and statutory requirements. Ability to communicate logically and effectively both verbally and in writing.  **CERTIFICATES, LICENSES, REGISTRATIONS:**  None. | | | |
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| *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.**