1. Position Code

State of Michigan Department of Civil Service

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

Federal privacy laws and/or state confidentiality requirements protect a portion of this information.

POSITION DESCRIPTION

This form is to be completed by the person that occupies the position being described and reviewed by the supervisor and appointing authority to ensure its accuracy. It is important that each of the parties sign and date the form. If the position is vacant, the supervisor and appointing authority should complete the form.

This form will serve as the official classification document of record for this position. Please take the time to complete this form as accurately as you can since the information in this form is used to determine the proper classification of the position. THE SUPERVISOR AND/OR APPOINTING AUTHORITY SHOULD COMPLETE THIS PAGE.

| 2. | Employee's Name (Last, First, M.I.) vacant | 8. | Department/Agency Labor and Economic Opportunity |
|------------|---|-----|---|
| 3. | Employee Identification Number | 9. | Bureau (Institution, Board, or Commission) BSBP |
| 4. | Civil Service Classification of Position | 10. | Division |
| | Student Assistant | | Field Services Division |
| 5. | Working Title of Position (What the agency titles the position) Student Assistant | 11. | Section East Region |
| 6. | Name and Classification of Direct Supervisor Gwendolyn McNeal, State Administrative Manager 15 | 12. | Unit Detroit |
| 7. Lisa | Name and Classification of Next Higher Level Supervisor Kisiel, Field Services Division Director | 13. | Work Location (City and Address)/Hours of Work: BSBP Detroit Office, Cadillac Place Building 3038 W. Grand Boulevard, Suite 4-450 Detroit 20-30 hours per week, up to 129 per month |

14. General Summary of Function/Purpose of Position

The Student Assistant will provide support to the Field Services Division, East Region of the Bureau of Services for Blind Persons Detroit office. The Student Assistant will perform general office duties including preparing documents, dissemination of materials to customers, scanning/uploading documents, filing, data entry and other duties as assigned. The Student Assistant will communicate with customers, BSBP staff and community partners via email, phone, and virtual meetings.

For Civil Service Use Only

15. Please describe your <u>assigned</u> duties, percent of time spent performing each duty, and explain what is done to complete each duty.

List your duties in the order of importance, from most important to least important. The total percentage of all duties performed must equal 100 percent.

Duty 1

General Summary of Duty 1

70% of Time

Office support to Central Region.

Individual tasks related to the duty.

- Scanning/Uploading, copying, faxing, and shredding documents
- Follow-up with customers for documentation
- Data entry as directed in electronic case management information system (ECMS)
- Case file organization
- Compile regional mailings
- Collate reports, and invoices
- Organize equipment for rehabilitation professionals to dispense to their customers
- Order vendor catalogs, brochures and other materials as directed
- Provide direct support to staff and management team as needed

Duty 2

General Summary of Duty 2

20% of Time

Support BSBP's programs, services, and customers.

Individual tasks related to the duty.

- Assist with registering customers and community partners for identified programs
- Assist with obtaining the required documentation for program participation
- Provide support onsite at scheduled programs/events
- Assist with arranging, scheduling, and coordinating vendor and partner services as directed by rehabilitation professionals and management team.

Duty 3

General Summary of Duty 3

10% of Time

Other duties as assigned.

| Individual tasks related to the duty. May include: | | | | |
|--|--|--|-------------------------------------|---------------------------------|
| | Tasks that are at the discretion of the manager, and within the Student Assistant job specifications. | | | |
| | | - | • | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| <u>Dut</u> | <u>y 4</u> | | | |
| Gen | neral Summary of Duty 4 | % of Time | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 16. | | ons you make independently in you | r position and tell who and/or what | is affected by those decisions. |
| | Use additional sheets, if neo | - | | |
| | | ition will complete the duties outli | | |
| | | assigned. This individual will be e | expected to work independently re | equesting assistance when they |
| | do not understand directiv | es provided to them. | | |
| | | | | |
| | | | | |
| | | | | |
| 17. | Describe the types of decisi | ons that require your supervisor's r | review. | |
| | Any decision involving in | terpretation of policy and where fi | scal resources are needed. This in | dividual will also need to |
| | Any decision involving interpretation of policy and where fiscal resources are needed. This individual will also need to receive regular supervision to ensure that duties as assigned are completed as requested. | | | |
| | 6 | | | |
| 18. | What kind of physical offer | rt do you use in your position? Wha | at anvironmental conditions are you | nhysically avnosad to in your |
| 10. | | ount of time and intensity of each act | | |
| | - | g, lifting up to 30 lbs., and travel i | · | Lugar . |
| | Benama, sitting, eroueinin | g, mang up to 50 iosi, and traver | i necucu. | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 19. | 19. List the names and classification titles of classified employees whom you immediately supervise or oversee 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> | CLASS TITLE | <u>NAME</u> | CLASS TITLE |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| _ | | | | |
|----------------------------------|---|-------------------------------------|--|------------------------------|
| | | | | |
| 20. | My responsibility for the ab | ove-listed employees includes the f | following (check as many as apply): | |
| | Complete and sign se | omico retinas | Assign work | |
| | Complete and sign so Provide formal writt | = | Assign workApprove work. | |
| | Approve leave reque | - | Review work. | |
| | Approve teave reque | | Provide guidance on work i | nethods |
| | Orally reprimand. | tenuance. | Trovide guidance on work inTrain employees in the work | |
| | Orany reprimand: | | Trum employees in the wor | |
| | | | | |
| 21. | I certify that the above | answers are my own and are | accurate and complete. | |
| | | | | |
| | Signature | Date | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | NOTE: Make a copy of th | is form for your records. | |
| | | | Y DIRECT SUPERVISOR | |
| 22. | Do you agree with the respo | | 1 through 20? If not, which items d | o you disagree with and why? |
| | Yes | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 23. | 23. What are the essential duties of this position? | | | |
| Clerical support work in office. | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 1 | | | | |

| 24. | Indicate specifically how the position's duties and responsibilities have changed since the position was last reviewed. | |
|------|--|--|
| | As a student assistant position duties are mostly clerical and have not changed since last student assistant. | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 25. | What is the function of the work area and how does this position fit into that function? | |
| | Aid FSD Administrative Support Staff in BSBP's East Region. Function is to ensure proper processing of information and customer service necessary to support Vocational Rehabilitation Counselors and Blind Rehabilitation Teachers in the completion of performing professional duties. FSD Administrative Support Staff provide support to staff including bill paying, documentation in electronic case files, ordering supplies and taking new referrals for services. This position will act as a support to complete daily office duties assigned to the FSD Administrative Support Staff in the Region. | |
| | | |
| | | |
| 26. | In your opinion, what are the minimum education and experience qualifications needed to perform the essential functions of this position? | |
| EDU | UCATION: | |
| | Must be a student attending college or university a minimum of 6 credit hours per term. | |
| | | |
| | | |
| | | |
| EXP | ERIENCE: | |
| | None. | |
| | | |
| | | |
| IZNI | DWI EDGE GUILLG AND ADMITTEE | |
| KNO | DWLEDGE, SKILLS, AND ABILITIES: Basic familiarity with computers and the ability to transfer data from paper to the computer. Basic understanding of general office equipment including a scanner, copier, fax machine. Working knowledge of Microsoft Office. Good telephone etiquette and communication skills and able to file. | |
| L | | |
| CER | RTIFICATES, LICENSES, REGISTRATIONS: NA | |
| | | |
| | | |
| | | |

| NO1 | NOTE: Civil Service approval of this position does not constitute agreement with or acceptance of the desirable qualifications for this position. | | | |
|-----|--|-------|--|--|
| 27. | 27. 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. | | | |
| | of the unites and responsibilities assigned to this position. | | | |
| | | | | |
| | | | | |
| | Supervisor's Signature | Date | | |
| | TO BE FILLED OUT BY APPOINTING AUTHORITY | | | |
| 28. | 28. Indicate any exceptions or additions to the statements of the employee(s) or supervisor. | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 29. | I certify that the entries on these pages are accurate and compl | lete. | | |
| | | | | |
| | | | | |
| | Appointing Authority's Signature | Date | | |
| | Appointing Authority's Signature | Date | | |