I

CS-214

REV 10/2005

'

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 POSITION DESCRIPTION

a portion of this information.

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.) 8. Department/Agency

Carla Haynes DLEG

3. Employee Identification Number 9. Bureau (Institution, Board, or Commission)

XXXXXX

4. Civil Service Classification of Position 10. Division

Departmental Analyst 10 Administrative Services Division

I 5.

Working Title of Position (What the agency titles the position) 11. Section

Administrative Services Analyst

!

6. Name and Classification of Direct Supervisor 12. Unit

Cheryl L. Heibeck, State Administrative Manager 15

I

7. Name and Classification of Next Higher Level Supervisor 13. Work Loeatlon (City and Address)/Hours of Work

' 14. General Summary of Function/Purpose of.Positlon

'

.. . .

u 'g

Commission tOr the Blind.This position researches, analyzes develops and designs MCB's client satisfaction surveys. Analyzes current expenditures in all eight MCB offices throughout the state, advocates for accessibility issues and is the FOIA officer for MCB.

'

For Civil Service Use Only

Page4

I ..

15. Please describe your assigned 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 % of Time 35**

At an intermediate level analyst this position performs an increasing range of professional services by analyzing and reviewing

I current policies and procedures for Michigan Commission for the Blind while continuing to learn the methods of work.

Individual tasks related to the dutv.

• Analyze policies and procedures.

• Form and chair committees to discuss policies and procedures, gain information on interpretations and commission practices.

• Review and provide a summary of proposed changes to management for approval.

• Review changes to see if they mesh/their impact with current departmental policies-as needed.

• Notify staff in all MCB offices on modifications.

• Provide information/answer questions for internal/external customers of modifications/effect.

• Research and evaluate best practices to get information to customers/internal and external.

• Prepare correspondence on modifications for the office.

I

I Dutv2

General Summary of Duty 2 %of Time .25

The intermediate level position reviews researches and analyzes the development and design of surveys necessary for improving services delivery to blind consumers across the state. These surveys will be written to examine various issues such as job retention of successfully closed cases, prevalence of blindness and secondary disabilities, customer satisfaction, and other related issues. The person in this position will assist in the collection, consolidation, and analysis of **survey** results.. This data will assist the agency in determining need that can assist in focusing resources on the areas of most significance.

Individual tasks related to the duty.

• .• \_,

• - Work with other MCB staff to determine research

• Develop survey methods and techniques that will allow for the most effective way of gathering information from clients and others respondents. Methods will include web-based online surveys, mail surveys, focus groups, and telephone surveys.

• - Will collect and compile survey results and provide input on the analysis and understanding of such data.

• - Disseminate the survey findings and specific results with administrators, managers, and Commissioners**.**

.

Page5

I

I

------------- --· -- --- -- . --

Duty3

General Summary of Duty 3 % of Time .20 ,

Analyst responsible for assisting customers-internal and external on accessibility issues.

.

Individual tasks related to the duty.

• Meet with customers.

• Evaluate the customer needs by visiting: work area or work place.

• Research current equipment, evaluate for customer and discuss pros and cons of each.

• Recommend and assist customer in obtaining equipment and set up.

Prepare reports on customers interview/equipment recommendations

I

Duty4

I General Summary or Duly 4 % of Time . 10

'

I

I

I

Iudividual tasks related to the duty.

I

•

Page6

.

,,

Duty5·

General Summary of Duty 5 %of Time \_ 10

I

Individual tasks related to the duty.

• Attend meeting on behalf of the manager.

• Special projects as assigned

I

I

Duty6

General Summary of Duty 6 **6/o of Time**

Individual tasks related to the duty•

•

'

I

' Page7

'

' - -

I

' •

16. Describe the types of decisions you make Independently in your position and tell who and/or what is affected by those decisions.

Use additional sheets, If necessary.

'•

I

I

17. Describe the types of decisions that require your supervisors review.

I

I

18. What kind of physical effort do you use in your position? What environmental conditions are you physically exposed to in your position? Indicate the amount of time and intensity of each activity and condition. Refer to instructions on page 2.

. ,. , .

' NAME CLASS TITLE NAME CLASS TITLE

I

I

I

I

I 20. My responsibility for the above-listed employees includes the following (check as many as apply):

I

Complete and sign service ratings

Provide formal written counseling. Assign work.

I Approve leave requests. Approve work

.Review work

Approve time and attendance. Review work

Orally reprimand. Train employees in the work.

21. I certify that the above answers are my own and are accurate and complete.

Signature Date

.

Page 8

. ----- ------- ----- -----· ·-------· ------

'

.. TO BE COMPLETED BY DIRECT SUPERVISOR

22. Do you agree with the responses from the employee for Items 1 through 20? If not, which items do you disagree with and why?

Yes

I

I

<

23. What are the essential duties of this position?

This position will also function as MCB’s Freedom of Information Coordinator.

'

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

This position was formerly a 9 level trainee position and is being upgraded to reflect additional responsibility assumed.

I

!

I

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

I At an intermediate level this position works within the Administrative Services Division with the Michigan Commission for

the Blind. This position analyzes researches, interprets and disseminates policies, regulations, and rules regarding MCB's

' office service functions, state vehicles and telecommunications as outlined by DLEG Finance and Procurement staff. In

'

addition. this position is the MAIN liaison for MCB and serves as MCB's backup for MAIN requisition approvals. This

I person will also serve as the Freedom of Information Coordinator.

Page9

-- -- -·---

--- ----· ---

----·-- --· --- -- •. -

26. **In your opinion, what are the minimum education and experience qualifications needed to perform the essential functions of this**

**position.**

I EDUCATION:

I **An Associates Degree would be preferred.**

EXPERIENCE:

KNOWLEDGE, SKILLS AND ABILITIES

I

CERTIFICATES, LICENSES, REGISTRATIONS:

!

*NOTE: Civil Service approval of this position does not constitute agreement with or acceptance of the desirable qualifications for this position.*

*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.*

Cheryl L. Heibeck 6/14/07

Supervisor’s Signature Date

TO BE FILLED OUT BY APPOINTING AUTHORITY

**28. Indicate any exceptions or additions to the statements of the employee(s) or supervisor.**

I

Page 10

--· -- -·

•

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

M. Holben 6-26/07

Appointing Authority’s Signature Date

I

'

!