

OFFICE OF FINANCIAL AND INSURANCE REGULATION JOB VACANCY NOTICE

CLASS/LEVEL: Student Assistant

DIVISION/SECTION: Regulatory Compliance Division/Insurance Section

DEADLINE TO RESPOND: 5-26-08

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INTERESTED APPLICANTS SHOULD SUBMIT A COPY OF COLLEGE TRANSCRIPTS (INTERNET BASED TRANSCRIPTS WILL NOT BE ACCEPTED), RESUME, DLEG APPLICATION AND COVER LETTER TO DLEG, OFFICE OF FINANCIAL AND INSURANCE REGULATION, HUMAN RESOURCES/BUDGET DIVISION/OFIR 08-29, P.O. BOX 30220, LANSING, MICHIGAN 48909 OR FAX TO (517) 335-1450 BY THE DEADLINE DATE.

|                         |                                                                                                                             |                                                                                                                                 |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| COUNTY/LOCATION         | Ingham/Lansing                                                                                                              |                                                                                                                                 |
| PAY RANGE               | \$12.47-\$17.97/hour                                                                                                        |                                                                                                                                 |
| DESCRIPTION OF POSITION | Assist in the review of insurance rate/form filings. Provide general assistance such as background research.                |                                                                                                                                 |
| EDUCATION               | Continuing enrollment in a post-secondary educational institution with a concentration or major in business administration. |                                                                                                                                 |
| EXPERIENCE              | No specific amount or type required.                                                                                        |                                                                                                                                 |
| SPECIAL REQUIREMENTS    |                                                                                                                             |                                                                                                                                 |
| RESPOND TO              | Posting No.:                                                                                                                | OFIR 08-29                                                                                                                      |
|                         | Address:                                                                                                                    | DLEG, Office of Financial & Insurance Regulation, Human Resources/Budget Division/OFIR08-29, P. O. Box 30220, Lansing, MI 48909 |
|                         | E-Mail Address:                                                                                                             |                                                                                                                                 |
|                         | Fax:                                                                                                                        | (517) 335-1450                                                                                                                  |

The State of Michigan is an Equal Opportunity Employer  
Civil Service Rule 1-7 states: All persons offered employment in the classified service are required to submit to and pass a pre-employment drug test as a condition of employment

**This is an announcement of a position vacancy and does not constitute an offer of employment.**

|                                         |
|-----------------------------------------|
| <b>1. Position Code</b><br>STUDASTE148N |
|-----------------------------------------|

**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.**

|                                                                                                                           |                                                                                                                               |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <b>2. Employee's Name (Last, First, M.I.)</b>                                                                             | <b>8. Department/Agency</b><br>LABOR AND ECONOMIC GROWTH                                                                      |
| <b>3. Employee Identification Number</b>                                                                                  | <b>9. Bureau (Institution, Board, or Commission)</b><br>OFFICE OF FINANCIAL AND INSURANCE SERVICES                            |
| <b>4. Civil Service Classification of Position</b><br><br>STUDENT ASSISTANT                                               | <b>10. Division</b><br>OFFICE OF REGULATORY COMPLIANCE & CONSUMER ASSIST                                                      |
| <b>5. Working Title of Position (What the agency titles the position)</b><br><br>STUDENT ASSISTANT                        | <b>11. Section</b><br><br>REGULATORY COMPLIANCE DIVISION                                                                      |
| <b>6. Name and Classification of Direct Supervisor</b><br><br>RANDY PARLOR, DEPARTMENTAL MANAGER 14                       | <b>12. Unit</b><br><br>INSURANCE SECTION                                                                                      |
| <b>7. Name and Classification of Next Higher Level Supervisor</b><br>SONYA W. DUNGEY, DIRECTOR<br>DEPARTMENTAL MANAGER 15 | <b>13. Work Location (City and Address)/Hours of Work</b><br>611 W. OTTAWA, LANSING<br>8:00 A.M. - 5:00 P.M., MONDAY - FRIDAY |

**14. General Summary of Function/Purpose of Position**  
Assist in the review of insurance rate/form filings. Provide general assistance such as background research.

**For Civil Service Use Only**

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 1                      % of Time 75

Assist in the review insurance rate/form filings for compliance with Michigan laws.

**Individual tasks related to the duty.**

- Review filings for compliance with state laws and regulations.
- Make initial determination if filing should be approved, disapproved, or more information needed.
- Draft appropriate correspondence, order, etc.
- After reviewed, final documentation.
- Follow-up as needed until filing closed.
- Communicate with filers and OFIS personnel as needed.

Duty 2

General Summary of Duty 2                      % of Time 25

Assist with special projects.

**Individual tasks related to the duty.**

- May include tasks such as background research, reviewing/analyzing surveys, or compiling data for reports.

Duty 3

**General Summary of Duty 3**

**% of Time** \_\_\_\_\_

**Individual tasks related to the duty.**

- 

Duty 4

**General Summary of Duty 4**

**% of Time** \_\_\_\_\_

**Individual tasks related to the duty.**

-

Duty 5

**General Summary of Duty 5**

**% of Time** \_\_\_\_\_

**Individual tasks related to the duty.**

- 

Duty 6

**General Summary of Duty 6**

**% of Time** \_\_\_\_\_

**Individual tasks related to the duty.**

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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.

All work will be performed under direct supervision.

17. Describe the types of decisions that require your supervisor's review.

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.

Position duties and tasks are performed in a traditional office environment that includes considerable sitting, occasional standing, limited lifting, periodic microcomputer usage and normal office routines.

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.)

NAME

CLASS TITLE

NAME

CLASS TITLE

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

Complete and sign service ratings.

Assign work.

Provide formal written counseling.

Approve work.

Approve leave requests.

Review work.

Approve time and attendance.

Provide guidance on work methods.

Orally reprimand.

Train employees in the work.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTE: Make a copy of this form for your records.**

**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?**  
I agree.

**23. What are the essential duties of this position?**  
Assist in the review insurance contract/rate filings.

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

**25. What is the function of the work area and how does this position fit into that function?**  
This unit is responsible for the review of insurance contract/rate filings for compliance with Michigan law. This position will assist in the review of insurance filings.

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

**EDUCATION:**

Continuing enrollment in a post-secondary educational institution.

**EXPERIENCE:**

No specific amount or type required.

**KNOWLEDGE, SKILLS, AND ABILITIES:**

- Knowledge or interest in regulatory law.
- Analytical ability.
- Ability to effectively communicate verbally and in writing.
- Ability to operate computer.

**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.

\_\_\_\_\_  
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.

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

\_\_\_\_\_  
Appointing Authority's Signature

\_\_\_\_\_  
Date