

# OFFICE OF FINANCIAL AND INSURANCE SERVICES JOB VACANCY NOTICE

**CLASS/LEVEL:** Student Assistant  
**DIVISION/SECTION:** Policy Division  
**DEADLINE TO RESPOND:** 4-16-08

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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 SERVICES, HUMAN RESOURCES/BUDGET DIVISION/OFIS 08-18, 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 | This student will assist the Policy Division staff in providing support and background research on actuarial and policy issues. |                                                                                                                               |
| EDUCATION               | Continuing enrollment in a post-secondary educational institution with a concentration or major in actuarial science.           |                                                                                                                               |
| EXPERIENCE              | No specific amount or type required.                                                                                            |                                                                                                                               |
| SPECIAL REQUIREMENTS    |                                                                                                                                 |                                                                                                                               |
| RESPOND TO              | Posting No.:                                                                                                                    | OFIS 08-18                                                                                                                    |
|                         | Address:                                                                                                                        | DLEG, Office of Financial & Insurance Services, Human Resources/Budget Division/OFIS08-18, 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.**

**1. Position Code**  
STUDASTE

**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><br><br>                                              | <b>8. Department/Agency</b><br><br>LABOR & ECONOMIC GROWTH                                                                    |
| <b>3. Employee Identification Number</b><br><br>                                                   | <b>9. Bureau (Institution, Board, or Commission)</b><br><br>OFFICE OF FINANCIAL AND INSURANCE SERVICES                        |
| <b>4. Civil Service Classification of Position</b><br><br>STUDENT ASSISTANT                        | <b>10. Division</b><br><br>POLICY DIVISION                                                                                    |
| <b>5. Working Title of Position (What the agency titles the position)</b><br><br>STUDENT ASSISTANT | <b>11. Section</b><br><br>                                                                                                    |
| <b>6. Name and Classification of Direct Supervisor</b><br>BRIAN SYDNOR, DEPARTMENTAL MANAGER 14    | <b>12. Unit</b><br><br>                                                                                                       |
| <b>7. Name and Classification of Next Higher Level Supervisor</b><br>KEN ROSS, ACTING COMMISSIONER | <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**  
 This student will assist the Policy Division staff in providing support and background research on actuarial and policy issues.

**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 90

Actuarial and Technical Research

**Individual tasks related to the duty.**

- Assist with implementation of the actuarial requirements in the credit scoring rules.
- Assist with the preparation of actuarial analysis for legislative work group on auto insurance.
- Assist in the processing of actuarial certifications from small group health insurers.
- Assist with urban purchasing group pricing and risk selection issues.

Duty 2

General Summary of Duty 2                      % of Time 10

Support functions

**Individual tasks related to the duty.**

- Assist with entry level professional work assignments.
- Perform special assignments, studies or projects as directed by supervisor or division staff.

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.**

-

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.

Decisions not covered by supervisor directive, policies or guidelines.

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.

The duties and tasks are performed in a traditional office environment, which includes considerable sitting, occasional standing, and limited lifting, 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?**

In a learning capacity, this student will perform beginning/trainee level work under close supervision.

**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?**

The Policy Division develops and implements regulatory policy, performs research and analysis of regulatory related issues and handles legislative matters. This position will assist the section manager in these tasks.

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 with a concentration or major in actuarial science.

**EXPERIENCE:**

No specific amount or type required.

**KNOWLEDGE, SKILLS, AND ABILITIES:**

- Knowledge of office equipment or materials.
- Ability to operate microcomputer.
- Ability to follow oral and written instructions.
- Ability to communicate both verbally and in writing effectively with others.
- Ability to maintain favorable public relations.
- A basic understanding of general actuarial principles.
- Knowledge or interest in regulatory law.

**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