

STATE OF MAINE
DEPARTMENT OF PERSONNEL

July 1, 1977

PERSONNEL MEMORANDUM 15-77

TO: All Department Heads

SUBJECT: Position Description and Authorization for Public Service Employment

Effective July 1, 1977, requests for new positions in Public Service Employment (CETA, GVIN, PUBLIC WORKS, etc.,) are to be approved by the Office of the Governor prior to any other personnel action.

Submit a completed FJA 2 for each position requested to the Office of the Governor who will approve or disapprove the position. FJA 2 is your authorization to request funding and to fill the position. The form is available from the central warehouse, Bureau of Purchases. The instructions for completing the form, its routing, and the form are contained in appendices to this memorandum.

ROBERT J. STOLT
COMMISSIONER

MAY BE REPRODUCED LOCALLY TO MEET DISTRIBUTION NEEDS

INSTRUCTIONS FOR COMPLETING FJA 2I. SECTIONS TO BE COMPLETED BY REQUESTING AGENCY PRIOR TO SENDING TO THE OFFICE OF THE GOVERNOR FOR CONSIDERATIONSECTION O

The total number of Public Service Employees employed within the jurisdiction. A jurisdiction is defined as the largest element of control. Mental Health and Corrections is a jurisdiction. Augusta Mental Health Institute is defined as an element.

SECTION CAGENCY

The jurisdiction in which the position will be located. EXAMPLE: Department of Human Services

BUREAU, DIVISION OR INSTITUTION

The name of the element in which the position will be located. Include in parenthesis the number of Public Service Employees at the present time. EXAMPLE: Bureau of Vocational Rehabilitation (2)

SECTION OR PROGRAM

The particular section or program. Include in parenthesis the number of Public Service Employees at the present time. EXAMPLE: Program Planning (1)

PLACE OF WORK

Where the job will be located. EXAMPLE: 32 Winthrop Street, Augusta, Maine. If travel is required explain in Sections E & F.

CLASS TITLE REQUESTED

The title in the CLASSIFIED or UNCLASSIFIED service you feel best describes the position. If you feel none apply choose a title from the Dictionary of Occupational Titles or from your own experience.

CLASS CODE

The CLASSIFIED or UNCLASSIFIED code which applies. If none, leave the space vacant.

WORK CONDITIONS

Place an X in the block before the condition of work you wish for this position.

SECTION DJUSTIFICATION FOR POSITION

Explain what goals and objectives will be accomplished with this position.

SECTION E

List any new, surplus, rental or presently unused equipment which will be required by this position such as desks, telephone, chairs, filing cabinets, automobiles, etc.

SECTION F

List any equipment which will be used and the percentage of time per week.

SECTION G

Check the boxes which apply. Skill is defined as the minimum acceptable level for a Clerk Typist I or Clerk Steno I as set by the Department of Personnel.

SECTION HTIME

Choose the time element you wish for describing the job (week or month). Do not use both columns.

WORK PERFORMEDPoor Statement

Assists in handling correspondence.

Maintains grounds and landscaped areas.

Does general kitchen work.

Our unit is responsible for keeping all purchasing records.

Good Statement

Receives, opens, time stamps and routes incoming mail.

Mows lawns, with power and hand mower. Rakes and weeds grounds. Trims trees from ground and from ladder using saw.

Cleans and cuts fruit and vegetables, makes salad dressing. Serves at steam table. Washes pots and dishes and stores away utensils and food. Bakes cookies and tarts.

Compares invoices with purchase orders. Reviews requisitions submitted by the different departments for accuracy and gives them to the purchasing agent for approval.

SECTION I

Explain the type of training to be given (threshold, on-the-job, classroom, etc.). If funds are to be expended explain the source and cost. List the specific job skills the person will gain to increase their employability.

SIGNATURE

Sign and date the form.

II. SECTIONS TO BE COMPLETED BY THE OFFICE OF THE GOVERNOR

The application is reviewed for justification, manpower utilization and related costs. Approved requests are stamped in the box as marked and dated. The Office of the Governor determines whether the position may be refilled if the incumbent leaves and checks the appropriate box.

III. SECTIONS TO BE COMPLETED BY THE DEPARTMENT OF PERSONNEL

The Department of Personnel assigns the proper classification to the job. If the job does not fit any existing classification it is evaluated, assigned a classification, class code and entrance requirements.

ROUTING OF FJA 2

The requesting agency submits FJA 2 to the Office of the Governor with Sections 0 and C through I completed.

The Office of the Governor completes Part A, files the pink copy and returns the request to the agency.

The requesting agency then forwards the approved request to the program agent or prime sponsor for review. Denied or amended requests are returned to the agency. Approved requests are forwarded to the CETA Office. The yellow copy is maintained in the files.

The CETA Office reviews the request; denied or amended requests are returned to the agency. Approved requests are forwarded to the Department of Personnel.

The Department of Personnel completes Section B, files the gold copy and returns to the CETA Office.

The CETA Office files the green copy and returns the white copy to the requesting agency.

The requesting agency then has the authorization for the position and the funds for its duration.

SECTION H

| TIME | | WORK PERFORMED | LEAVE BLANK |
|--------|---------|----------------|----------------|
| % WEEK | % MONTH | | |
| | | | |

SECTION I

What training will incumbent receive?

Source of funding for training?

What specific job skills will incumbent gain to increase chances of future employability?

SIGNATURE OF AGENCY OFFICIAL

TITLE

DATE

| | |
|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| STATE OF MAINE DEPARTMENT OF PERSONNEL POSITION DESCRIPTION AND AUTHORIZATION for Public Service Employment | SECTION O TOTAL NUMBER PUBLIC SERVICE EMPLOYEES |
|--------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|

| | | | |
|--------------------------------------|------------------------------|-----------|------|
| OFFICE OF THE GOVERNOR | | SECTION A | |
| ACTION | POSITION MAY BE REFILLED | STAMP | DATE |
| <input type="checkbox"/> APPROVED | <input type="checkbox"/> YES | HERE | |
| <input type="checkbox"/> DISAPPROVED | <input type="checkbox"/> NO | | |

| | | | |
|-------------------------|-------|------------|------------------------------|
| DEPARTMENT OF PERSONNEL | | SECTION B | |
| CLASS ASSIGNED | RANGE | CLASS CODE | (HAY) GUIDE CHART EVALUATION |

MINIMUM ENTRANCE REQUIREMENT

The following sections are to be completed by the requesting agency

| | |
|--------------------|-----------------------------|
| SECTION C | |
| AGENCY | BUREAU/DIVISION/INSTITUTION |
| SECTION OR PROGRAM | PLACE OF WORK |

| | | |
|-----------------------|------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| CLASS TITLE REQUESTED | CLASS CODE | WORK CONDITIONS |
| | | <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> TEMPORARY |

SECTION D

JUSTIFICATION FOR POSITION

SECTION E

LIST ADDITIONAL EQUIPMENT REQUIRED FOR THIS POSITION (Such as desk, chair, telephone, etc.)

SECTION F

LIST EQUIPMENT WHICH WILL USE BY THIS POSITION AND PERCENT OF TIME

| | |
|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| SECTION G | |
| DOES THIS POSITION REQUIRE TYPING SKILL? <input type="checkbox"/> YES <input type="checkbox"/> NO | DOES POSITION REQUIRE SHORTHAND SKILL? <input type="checkbox"/> YES <input type="checkbox"/> NO |

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OFFICE OF THE GOVERNOR SECTION A

| | | | |
|-------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------|------|
| ACTION <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED | POSITION MAY BE REFILLED <input type="checkbox"/> YES | STAMP HERE | DATE |
| | <input type="checkbox"/> NO | | |

DEPARTMENT OF PERSONNEL SECTION B

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