

POSITION DESCRIPTION FORM
GME Program Administrator

For the reclassification project to the new GME Program Administrator Market Title/job code this form must be completed for ***all*** staff members who currently serve as a GME Program Coordinator or Assistant Program Coordinator. For assistance regarding the completion of the form contact Billie Norman.

COMPLETED FORMS, ALONG WITH THE PROGRAM COORDINATOR'S CURRENT RESUME, ARE DUE TO BILLIE NORMAN BY MONDAY, OCTOBER 1, 2018.

PART ONE: PROGRAM COORDINATOR'S INFORMATION		
Program Coordinator's Name (Last Name, First Name):	UMID:	Unique Name:
Current Job Market Title:	Current Salary:	
	\$	
Current Department Name:	Current Department ID:	
Name of GME Training Program:		

PART TWO: PROGRAM COORDINATOR'S SUPERVISOR'S INFORMATION		
Immediate Supervisor's Name:	Unique Name:	Phone:
Market Job Title:		
Department Name:	Department ID:	

Is the GME Program Coordinator listed in Part One's current Program Coordinator responsibilities 60% or more of their position?

Select only one (1):

<input type="checkbox"/>	Yes: Complete entire form and submit as indicated
<input type="checkbox"/>	No: Go to Part 6, complete and submit as indicated

PART THREE: SUPERVISION RESPONSIBILITIES			
<p><i>If the Program Coordinator has supervision responsibilities, indicate the market job title and number of FTE supervised. Please check the type of supervision provided as defined below.</i></p> <p><u>Administrative Supervision:</u> Has the authority to hire, transfer, suspend, promote, discharge, reward, or recommend such action.</p> <p><u>Functional Supervision:</u> Has the authority to work as group leader, assist in the training of new staff members, communicate instructions, maintain employee records, and assign work to others.</p>			
Market Job Title of Position(s) Supervised	# of FTE	Administrative Supervision	Functional Supervision

Program Coordinator's Name (Last Name, First Name):

PART FOUR: JOB DUTIES/FUNCTIONS

In order of importance, list the functions of this individual's *current position* and estimate the time spent performing each function over a given period of time. Must total 100%, generally nothing smaller than 5% or greater than 50%.

Percent Time	Duty/Function
100%	

POSITION DESCRIPTION FORM
GME Program Administrator

Program Coordinator's Name (Last Name, First Name):

Qualifications: Include education, experience, and certifications.	
Total number of years of experience as a GME Program Coordinator:	

PART FIVE: DEPARTMENT'S PROPOSED JOB MARKET TITLE			
Select only one (1):			
	GME Program Administrator ASSOCIATE	Non-Exempt	P6
	GME Program Administrator INTERMEDIATE	Exempt	P9
	GME Program Administrator SENIOR	Exempt	P10

PART SIX: ACKNOWLEDGEMENT

Supervisor's Printed Name	Supervisor's Signature	Date
Chief Department Administrator's / Division Administrator's Printed Name	Chief Department Administrator's / Division Administrator's Signature	Date
Program Director's Printed Name	Program Director's Signature	Date
Program Coordinator's Printed Name	Program Coordinator's Signature	Date

Along with a copy of the Program Coordinator's current resume (*resume is not required if Program Coordinator's role is less than 60% of current position*), scan/email the completed form to: Billie Norman, khnorman@med.umich.edu