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|  | STATE OF MISSOURI  OFFICE OF ADMINISTRATION  DIVISION OF PERSONNEL SUPPLEMENTAL POSITION DESCRIPTION FOR BROAD BAND MANAGERS |
| AGENCY NUMBER/ORGANIZATION NUMBER/POSITION NUMBER | |
| TITLE NUMBER AND LONG DESCRIPTION | |
| INCUMBENT NAME | |
| I. Program Size, Scope, Level and Complexity | |
| **Do you currently manage a subprogram, program, OR multiple programs?**  A program is a standalone service or entity with defined goals and objectives, tasked with executing distinct functions and/or strategies designed to meet the needs of the organization. A single program occurs when the program and/or its subprograms, components, and/or functions are very similar in nature and require a similar set of knowledge, skills and abilities. It may be one program or have a collection of subprograms or program components that make up one defined program. A single program may have a variety of funding sources and may have different functional areas. Multiple programs occur when more than one program is identified distinctly from one another and are NOT subprograms of a larger program.  YES (If YES, complete the section below)  NO (**Program Management** is **required** for Broad Band Manager positions.) | |
| List and briefly describe the program(s) and program services that you manage. | |
| * Describe your responsibility in terms of the program’s or programs’ geographical size or area served (multiple state departments,   statewide, region, area, county, institution, facility, office, etc.), scope (range of responsibility in the area served) and direct, indirect, and/or contributory impact (effect on the area served). | |
| * Identify the customers, clients, or population served and describe the program’s or programs’ impact and your accountability (areas in which you are answerable or held in account) for the impact. | |
| II. Decision Making | |
| **DO YOU CURRENTLY HAVE DECISION MAKING ACCOUNTABILITY AND AUTHORITY?**  YES (If YES, complete the section below.)  NO (**Decision Making** is **required** for Broad Band Manager positions.) | |
| * Describe the types of decisions (daily operations, work issues, program sensitive issues, strategic and precedent setting, or   others) that you are responsible for making. Give examples and state your primary area of decision-making. | |
| Do you make final decisions, provide recommendations, or assist with decision-making? What is your role? Please include examples. | |
| * Describe the impact or effect of your decisions and what area or areas are primarily involved. (Duration, critical nature, influence, etc.) | |
| * What is the effect (financial, health, safety, program credibility, public perception, or other) if errors are made in your decision-making? | |
| III. Budget and Fiscal Management | |
| **DO YOU CURRENTLY HAVE BUDGET OR FISCAL MANAGEMENT RESPONSIBILITY AND ACCOUNTABILITY?**  YES (If YES, complete the section below.)  NO (If NO, go to item #**IV. Policy, Legislation, Regulation and Procedure)** | |
| * Describe your budget or fiscal management tasks (duties), authority, and accountability. | |
| * What is the impact of your budget and/or fiscal management decisions and actions? Consider impact on program or services managed, internal/external   stakeholders (customers, clients, population served, staff, etc.), agency’s mission, goals, etc. | |
| * Describe your position’s potential for maximization of revenue collection, cost reductions, and savings. | |
| * Do you have the ability and authority to shift priorities within funds and/or redirect funds?  YES  NO   If you indicated “YES,” please describe the fund types, amounts, and authority level for shifting/redirecting funds. | |
| * What is the annual size (total amount) of the budget and/or revenue/receivables under your direct control? | |
| * + Does another member of management or other authority have control over the same budget claimed?  YES  NO   If you indicated “YES,” please explain. | |
| * + Do you have a role in budget development?  YES  NO   If you indicated “YES,” please describe budget types/areas, budget amounts, and your level of participation in the budget development process. | |
| * + What funds and amounts can you obligate and/or apply at your discretion? | |
| * + If you have subordinate staff, do they have budget authority?  YES  NO   If you indicated “YES,” please explain. | |
| IV. Policy, Legislation, Regulation and Procedure | |
| **DO YOU CURRENTLY HAVE RESPONSIBILITY IN THE AREA OF POLICY, LEGISLATION, RULE OR REGULATION DEVELOPMENT, COORDINATION AND/OR IMPLEMENTATION?**  YES (If YES, complete the section below.)  NO (If NO, go to item #**V. Planning**) | |
| * Describe your tasks or duties (interpretation, application, implementation, development, etc.), in the area of policy, rules, regulations and procedures.   Also, state the type of authority, control, and accountability you have in performing these tasks. | |
| * Does your position require you to be involved with legislative activities or to act as a liaison on issues with the legislature? If yes, describe your duties,   role and responsibilities in the area of legislative issues and activities. | |
| * + Do you prepare fiscal notes?  YES  NO   If you indicated “YES,” please describe your role or level of participation in the process. | |
| * Describe the effect of your actions in the area of policy, rules, regulations and procedures. | |
| * + Describe the stakeholders affected by your actions and level of impact. | |
| V. Planning | |
| **DOES YOUR POSITION REQUIRE A PLANNING COMPONENT OR ROLE?**  YES (If YES, complete the section below.)  NO | |
| * Describe the planning tasks you perform and the amount of authority, autonomy and/or flexibility you have over these tasks. | |
| * What guidelines, policies, processes or steps (if any) govern your planning actions? | |
| * Are you held accountable for the impact or effect of the plans on program(s) or services, internal and/or external stakeholders (customers, clients,   population served, staff, etc.), agency’s missions or goals, etc.? If yes, please explain. | |
| * Briefly describe the primary focus of your plans (work issues, staffing, operations, implementation of goals or objectives, programs, services,   agency strategic plans, etc.). | |
| * + Describe the typical length involved in your primary planning actions (daily operations, weekly, monthly, up to one year, one to two years, two to four years, etc.). | |