

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Wells (Chambers)	6-21-07

DIRECTOR'S USE ONLY	ACTION REQUESTED	
1. LOG NUMBER 000793	<input checked="" type="checkbox"/> Prepare reply for the Director's signature DATE DUE <u>7-3-07</u>	
2. DATE SIGNED BY DIRECTOR	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action	
<i>Cleared 11/27/07, E-mail attached.</i>		

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			



State of South Carolina
Agency Head Salary Commission

JUN 11 2007

RECEIVED

Department of Health & Human Services
OFFICE OF THE DIRECTOR

1201 Main Street, Suite 800
Columbia, South Carolina 29201
(803) 737-0900

RECEIVED

JUN 12 2007

Senator Hugh K. Leatherman, Sr.
Chairman

MEMORANDUM

MEDICAL SERVICES
DHHS

TO: Board/Commission Chairmen and Agency Heads

FROM: Hugh K. Leatherman, Sr., Chairman
Agency Head Salary Commission HKL

DATE: June 7, 2007

SUBJECT: AGENCY HEAD STUDY and
AGENCY HEAD PERFORMANCE APPRAISALS

Log: Wells
(Tonya)
di Aug

This year the Agency Head Salary Commission will complete a review of the duties and responsibilities of the agency head's position, and the salary range associated with the position as required by South Carolina Code 8-11-165. The last study of pay ranges was completed in 2002 with an implementation date of March 3, 2005. The estimated implementation date for this study will be January 1, 2008. The cost of the study will be \$1,250 per agency head. This amount will be due to the Office of Human Resources by August 1, 2007. You will be sent an invoice from the Office of Human Resources in order to process payment.

In preparation for the review, it will be necessary for each agency head to complete a new managerial position description and participate in an interview with consultants from the Hay Group to assess the scope of the duties of the position. Enclosed is a blank copy of the position description; however, the form is also available on OHR's website, www.ohr.sc.gov/OHR/employer/OHR-ahsc-intro.phtm. This document is due to the Office of Human Resources on July 6, 2007. We will contact each agency head in the next couple of weeks to schedule interviews for the week of August 20, 2007 and the week of August 27, 2007. The board chair or a designated board member may attend the interview along with the agency head.

Agency head performance appraisals for fiscal year 2006-2007 are due August 1, 2007. An extension to this deadline may be requested for extenuating circumstances. The evaluation process requires completion of the evaluation document, the Continuous Improvement Efforts supplement evaluation, and an evaluation survey. The survey is to be completed by all members of your board or commission prior to conducting the final evaluation.

You will find the survey and a composite scoresheet on the Office of Human Resources' website at www.ohr.sc.gov/OHR/employer/OHR-ahsc-intro.phhtm . Please attach the completed composite sheet to the final evaluation document, obtain the necessary signatures, and send the forms to the address below by August 1, 2007. If you are unable to access the forms on the Office of Human Resources' website, please call Heather Garris at (803) 737-5049 and the documents can be mailed to you. The chairman's signature on the document indicates that all members of your board or commission participated in the survey, that the survey score is accurate, and that the total document was approved by a majority of the board/commission membership. The agency head's signature indicates the agency head has seen the survey composite and final evaluation document, including the Continuous Improvement supplement.

Please forward the revised position description (due July 6, 2007) and the 2006-2007 appraisal document (due August 1, 2007) to:

Ms. Heather Garris
Office of Human Resources
1201 Main Street, Suite 800
Columbia, South Carolina 29201

Please note that your agency's Human Resources Manager also received a copy of this memorandum without the enclosure so that he or she may assist you with this process. If you have any questions, please call Donna Traywick or Heather Garris at the Office of Human Resources (803-737-0900).

Enclosure

cc: Human Resources Managers (without enclosure)

STATE OF SOUTH CAROLINA MANAGERIAL POSITION DESCRIPTION

GENERAL INFORMATION

Position Number	Agency Code	Agency Name
Division / Section / Unit	City / County	
Employee Name	County Code	Is Position in Central Office ?
Current State Title	Alphanumeric Code	Slot

Full / Part Time Indicator
Hours Per Week
Base Hours

Supervisor State Title	Alphanumeric Code	Slot
SOURCE OF FUNDING		
State %	Federal %	Other %

REQUESTED ACTION INFORMATION

Requested Action	Requested State Title	Alphanumeric Code	Employee's Signature	Date	Supervisor's Signature	Date
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1. What are the minimum requirements for the position?

2. What knowledge, skills, and abilities are needed by an employee upon entry to this job including any special certification or license?

3. Provide any additional comments regarding this position (e.g., work environment, physical requirements, overnight travel).

MISCELLANEOUS

Employee Number	Position Dept. Number
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☐ OHR ☐ AGENCY

OFFICE OF HUMAN RESOURCES

Agency Code	Alphanumeric Code	Slot
Authorized Date		
<input type="checkbox"/> New Position	<input type="checkbox"/> State Title Change	
<input type="checkbox"/> Re-evaluation	<input type="checkbox"/> Update	

Approved State Title

Approval Signature Date Approved

☐ FLSA Designation

I. Description of Position

- A. Briefly describe the primary purpose of your position.
- B. Describe your involvement in strategic planning or setting the strategic direction of your organization.

C. Major Accountabilities: List in order of importance the major activities that you perform, then describe the end results that you are expected to achieve and the primary indicators of success. Indicate for each activity the approximate percentage of time required.

Activity 1	End Results Expected and Indicators of Success	% of Time
Activity 2	End Results Expected and Indicators of Success	% of Time
Activity 3	End Results Expected and Indicators of Success	% of Time
Activity 4	End Results Expected and Indicators of Success	% of Time
Activity 5	End Results Expected and Indicators of Success	% of Time
Activity 6	End Results Expected and Indicators of Success	% of Time
Activity 7	End Results Expected and Indicators of Success	% of Time
Activity 8	End Results Expected and Indicators of Success	% of Time
Activity 9	End Results Expected and Indicators of Success	% of Time

Activity 10	End Results Expected and Indicators of Success	% of Time

D. Who are the primary customer groups or stakeholders within or outside the agency with whom you have primary working relationships? What is the nature of your work with each?

E. Decision-making: Describe typical decisions that you are required to make, and what decisions you refer to others.

Decisions you make: _____

Decisions you refer to others: _____

II, Organization

A. Attach a current organizational chart which includes your position, the position to which you report, and the positions/functions which report to you.

B. Indicate total employees and funds for which you are accountable.

Total number of employees you directly supervise _____

Total number of employees for which you are responsible _____

Total personnel services budget for your area _____

Total funds allocated to your division/department _____

C. Agency budget and other quantitative measures:

Indicate below your agency's budget and any other quantitative measures which indicate the scope of your position. (Examples include: # and \$ value of projects supervised, financial or capital expenditure plans created and overseen, physical inventory managed, etc.)

[illegible]

II. Organization (continued)

D. Give a brief description of the function(s) of each position reporting directly to you.

Job Title	Function

IF ADDITIONAL SPACE IS NEEDED, ATTACH ANOTHER SHEET

III. Principal Problems and Challenges

A. Briefly describe the principal challenges encountered in your position.

IV. Comments – Immediate Supervisor

A. Give any additional information you believe would help someone better understand the position.

IF ADDITIONAL SPACE IS NEEDED, ATTACH ANOTHER SHEET

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE AGENCY. THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE AGENCY RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.

From: Tonya M Chambers
To: llemoine@gov.sc.gov
Date: 11/27/2007 9:39 AM
Subject: FY 2007-2008 Agency Head Planning Document
Attachments: J02 Agency Head Planning Document 07_08 July 18.doc

809 793 ✓

CC: Emma Forkner
Good morning Leigh. I just wanted to ensure you still have a copy of the Department of Health and Human Services' agency head planning document since it was sent back in July 2007. I have attached another copy for your records. Please let me know if I can answer any questions. Thanks for keeping us on track with this process! Have a great day.

Tonya Chambers
Director of Human Resources
Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206
Phone (803) 898-2670
Fax (803) 898-4500

>>>> "Leigh LeMoine" <llemoine@gov.sc.gov> 11/26/2007 11:50 am >>>
Good morning,

As you know, the agency head planning documents-the Objectives and the Continuous Improvement Efforts Supplement for fiscal year 2007-2008 were due November 15th to the Office of Human Resources.

Please reply to this email with an electronic copy of the necessary documents so we can have a copy as well. I appreciate your help on this, please disregard this email if your agency has already sent our office a copy of the documents.

Thank you,

Leigh

Leigh LeMoine
Office of the Governor
(803) 734-0067