



STATE OF OKLAHOMA
OFFICE OF PERSONNEL MANAGEMENT

"Working for Oklahoma"

OPM 10-08

DATE: February 24, 2010

TO: All Appointing Authorities

FROM: Oscar B. Jackson, Jr., IPMA-CP, Administrator and
Cabinet Secretary of Human Resources and Administration

A handwritten signature in black ink, appearing to read "Oscar B. Jackson, Jr.", positioned to the right of the "FROM:" field.

SUBJECT: Mandatory Supervisory Training Requirement Report

Merit Rule 530:10-17-95, **Supervisory Training Reporting Requirements**, requires agencies to report annually on the compliance of their supervisory personnel with Merit Rule 530:10-17, Part 9, **Mandatory Supervisory Training**. **The worksheet on the back of this memorandum is for the period January 1, 2009, through December 31, 2009.**

Please complete the worksheet and return it by April 1, 2010, to:

**Office of Personnel Management
Attention: Grayson Bedwell
2101 N. Lincoln Blvd.
Oklahoma City, OK 73105**

If needed, Merit Rule 530:10-17-91 defines "supervisor" for training purposes.

Please use the worksheet to indicate primary reasons why employees may not have met the training requirements. We use your responses to plan ways the Office of Personnel Management can help your supervisors meet these training requirements in the future.

PLEASE NOTE: Effective November 1, 1999, the mandatory supervisory training requirement was decreased from 24 hours to **12 hours**, or **2 days**, of supervisory-related training. However, new supervisors are required to obtain **24 hours**, or **4 days**, of supervisory-related training within the first **12 months** of their appointment.

For assistance, please call Grayson Bedwell at (405) 521-6334.

*"We serve the people of Oklahoma by delivering reliable and innovative
human resource services to our partner agencies to achieve their missions."*

MANDATORY SUPERVISORY TRAINING REQUIREMENT WORKSHEET

Please mail or FAX your responses by April 1, 2010 to:

**Office of Personnel Management
ATTN: Grayson Bedwell
2101 N. Lincoln Blvd.
Oklahoma City OK 73105
FAX: 405-524-6942**

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|-----------------------|--|--------------|--|
| AGENCY: | | | |
| AGENCY NUMBER: | | DATE: | |

Report completed by:

| NAME | TITLE | PHONE |
|-------------|--------------|--------------|
| | | |

Responding period: **January 1, 2009 -- December 31, 2009.**

| | | |
|----|---|--|
| 1. | Number of Agency Employees as of June 30, 2009 | |
| 2. | Number of Agency Supervisors as of June 30, 2009 | |
| 3. | Number that completed mandatory training | |
| 4. | Number that partially completed mandatory training | |
| 5. | Number that did not complete any mandatory training | |

Please indicate below the primary reasons why supervisors may not have been able to complete their mandatory supervisory training:

Thank you!