



STATE OF OKLAHOMA
OFFICE OF PERSONNEL MANAGEMENT

"Serving Equal Opportunity Employers"

OPM 03-06

DATE: February 12, 2003
TO: All Appointing Authorities
FROM: Oscar B. Jackson, Jr., Administrator and
Cabinet Secretary of Human Resources and Administration
RE: 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 reverse side of this memorandum is for the period January 1, 2002, through December 31, 2002. Please complete the worksheet and return it by April 30, 2003, to:
Office of Personnel Management
ATTN: Larry Fisher
2101 North Lincoln Boulevard
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. Your responses are utilized to plan ways in which the Office of Personnel Management can assist your supervisors in meeting 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 appointments.

Please contact Larry Fisher or Grayson Bedwell at (405) 521-2166 if there are questions or if assistance is needed.

*"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 30, 2003 to:

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

AGENCY: _____

AGENCY NUMBER: _____ DATE: _____

Report completed by:

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

Responding period: January 1, 2002 -- December 31, 2002.

1. Number of Agency Employees as of June 30, 2002 _____
2. Number of Agency Supervisors as of June 30, 2002 _____
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.