



STATE OF OKLAHOMA
OFFICE OF PERSONNEL MANAGEMENT

"Serving Equal Opportunity Employers"

OPM 04-10

DATE: March 4, 2004

TO: All Appointing Authorities

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

A handwritten signature in cursive, appearing to read "Oscar B. Jackson, Jr.", written in black ink.

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 attached worksheet is for the period January 1, 2003, through December 31, 2003.**

Please complete the worksheet and return it by April 30, 2004, to:

**Office of Personnel Management
Attention: Carrie Rohr
2101 N. 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.

For assistance, please contact Carrie Rohr or 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 30, 2004 to:

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

AGENCY: _____

AGENCY NUMBER: _____ DATE: _____

Report completed by:

NAME	TITLE	PHONE
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Responding period: January 1, 2003 -- December 31, 2003.

1. Number of Agency Employees as of June 30, 2003 _____
2. Number of Agency Supervisors as of June 30, 2003 _____
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 have not been able to complete their mandatory supervisory training.

Thank you!