



State of Oklahoma  
Office of Management and Enterprise Services

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**HCM 13-04**

**DATE:** April 11, 2013  
**TO:** All Appointing Authorities  
**FROM:** Lucinda Meltabarger, Administrator  
**SUBJECT: Mandatory Supervisory Training Requirement Report**

Per Merit Rule 530:10-17, Part 9, regarding **Mandatory Supervisory Training**, agencies are required to report annually on the compliance of their supervisory staff. Merit Rule 530:10-17-91 defines "supervisor" for training purposes, if needed.

Please note that effective November 1, 1999, the annual mandatory supervisory training requirement was decreased from 24 hours to 12 hours, or two training days, of supervisory-related training. However, new supervisors are required to obtain 24 hours, or four training days, of supervisory-related training within the first 12 months of their appointment.

Attached for your convenience is a worksheet to be completed for the period January 1 through December 31, 2012. Please utilize the worksheet to indicate primary reasons why employees may not have met training requirements. Your responses will be helpful to HCM as we determine how we may best assist you in ensuring that your supervisors meet training requirements in the future.

Please mail or scan and e-mail your completed worksheet by April 30, 2013, to:

Grayson Bedwell  
Human Capital Management Division  
2101 North Lincoln Boulevard, Suite G-80  
Oklahoma City, OK 73105  
[grayson.bedwell@omes.ok.gov](mailto:grayson.bedwell@omes.ok.gov).

Please do not hesitate to contact Grayson at (405) 521-6334 if there are questions or if assistance is needed in completing the worksheet for your agency.

Thank you!

A handwritten signature in black ink that reads "Lucinda Meltabarger".

## MANDATORY SUPERVISORY TRAINING REQUIREMENT WORKSHEET

Please mail or scan/e-mail your responses by April 30, 2013 to:

Grayson Bedwell  
Human Capital Management Division  
2101 N. Lincoln Boulevard, Suite G-80  
Oklahoma City, OK 73105  
[grayson.bedwell@omes.ok.gov](mailto:grayson.bedwell@omes.ok.gov)

Agency Name: \_\_\_\_\_

Agency Number: \_\_\_\_\_

Date: \_\_\_\_\_

**Report completed by:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

**Responding period: January 1 through December 31, 2012.**

1.	Number of agency employees as of June 30, 2012	
2.	Number of agency supervisors as of June 30, 2012	
3.	Number of those who completed mandatory training	
4.	Number of those who partially completed mandatory training	
5.	Number of those who did not complete any mandatory training.	

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

Thank you for your assistance!