BASIC OFFICE SYSTEMS & PROCEDURES **REGIONAL 2013** Page 1 of 6

BASIC OFFICE PROCEDURES (25)

REGIONAL 2013

CONTESTANT ID#_____

START TIME_____ END TIME_____

CONTESTANT # _____



KEY

Objective Questions (25 @ 4pts. each)

(100 pts)

Production Portion

Job 1	Letter
Job 2	Envelope
Job 3	Memo
Job 4	Outline

	(100 pts)
	(100 pts)
	(100 pts)
	(100 pts)
TOTAL POINTS	(500 pts)

Judges / Graders:

Please double-check and verify all scores!

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Multiple Choice: Identify the letter that best completes each sentence or answers the question and mark it on the Scantron form provided.

Q #	Answer
1	В
2	С
3	В
4	С
Q # 1 2 3 4 5 6 7 8 9 10	А
6	В
7	В
8	В
9	D
10	С
11	D
12	А
13	D
14	А
15	D
16	В
17	D
18	А
19	С
20	А
21	D
22	А
23	А
$ \begin{array}{c} 11\\ 12\\ 13\\ 14\\ 15\\ 16\\ 17\\ 18\\ 19\\ 20\\ 21\\ 22\\ 23\\ 24\\ 25\\ \end{array} $	С
25	Answer B C B C A B B B B D C D C D A D A D B D A D A C A C A A C A A C C D D A C C D C C D C C D C C C C

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February 1, 20xx (use current date unless otherwise specified)

Mr. John Carter American Mutual Insurance Company 1000 South Humble Street, Suite 226 Columbus OH 43215

Dear Mr. Carter

As per our conversation, you will find enclosed check number 20982 in the amount of \$1230.00. As discussed this is our insurance premium for the months of March, April and May.

With the recent natural disasters in our area and the number of claims we have submitted, I believe it is time to sit down and review our policy. This is especially essential as we begin the process of preparing the 2014 budget proposal for our Board of Directors.

Additionally, as we are a small company, it is time to compare our options in terms of health coverage for our employees. Harvey Rosen, head of my Financial Services Department, would like to explore our options with American Mutual Insurance Company in respect to a health benefit program. At a suitable time please set up an appointment with my administrative assistant, Jamie Dunn. Her email address is dunnjami@pba.com.

Sincerely

Nancy Wells Chief Executive Officer

XX

Enclosure

c Harvey Rosen

xx (Contestant Number) Job 1

CONTESTANT #	

Job 1 –Letter 0 Errors = 100 $1 \operatorname{Error} = 90$ 2 Errors = 703 + Errors = 0

CONTESTANT

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Ms. Nancy Wells, Chief Executive Officer Human Resources Department Professional Business Associates 5454 Cleveland Avenue Columbus, OH 43231-4021

> Mr. John Carter American Mutual Insurance Company 1000 South Humble Street, Suite 226 Columbus, OH 43215-4226

> > Job 2 – Envelope

0 Errors = 100 1 Error = 90 2 Errors = 70 3+ Errors = 0

xx (Contestant Number) Job 2 BASIC OFFICE SYSTEMS & PROCEDURES REGIONAL 2013 Page 5 of 6

CONTESTANT

MEMORANDUM

TO: Julie Smith, Harvey Rosen, Roger Meyer

FROM: Nancy Wells, CEO

CC: Edna Renick

DATE: March 2, 20xx

SUBJECT: Insurance and Health Benefit Proposal

We have been advised by our local insurance agent that it is time to review our company insurance policy. In light of our recent issues with high winds, resulting in the loss of part of our roof and the loss of some east facing siding, I have requested that John Carter of American Mutual Insurance Company consult with each department head.

On March 25, 20xx, at 9:00a.m., Mr. Carter will be available to meet with our staff individually to determine the needs in each department. At 11:00 a.m., all staff and Mr. Carter will meet to discuss his findings. Please communicate with Edna Renick as she will be coordinating the meeting times. An outline of considerations about our insurance issues is available for your review on the company Intranet. Please review this document prior to your meeting with Mr. Carter.

xx (Contestant Number) Job 3

Job 3 – Memorandum
0 Errors = 100 1 Error = 90
2 Errors = 70 3+ Errors = 0

CONTESTANT #

PROFESSIONAL BUSINESS ASSOCIATES INSURANCE COVERAGE

I. COMPANY INSURANCE COVERAGE

- A. Natural Disasters
 - 1. Wind
 - 2. Water
- B. Flooding
 - 1. Non Natural
- C. Fire
- D. Theft
 - 1. Internal
 - 2. External
- **II. HEALTH BENEFITS**
 - A. Employee
 - 1. Coverage cost to company
 - B. Employee and Child
 - 1. Coverage cost to company and employee
 - C. Employee and Children
 - 1. Coverage cost to company and employee
 - D. Employee, Spouse and Children
 - 1. Coverage cost to company and employee

xx (Contestant Number) Job 4

Job 4 –Outline

0 Errors = 100 1 Error = 90 2 Errors = 70

3 + Errors = 0