

STATE UNIVERSITIES CIVIL SERVICE SYSTEM

*Sunnycrest Center
1717 Philo Road, Suite 24
Urbana, Illinois 61802-6099*



Marc Strauss
*Merit Board Chair
Lewis T. (Tom) Morelock
Executive Director*

TO: Designated Employer Representatives/Human Resources Directors
Classification Personnel and Examination Personnel

FROM: Torre L. Walls
Human Resource Officer

SUBJECT: Notice of Specification/Examination Revision for the Hospital Administrator Series

DATE: February 12, 2008

Consistent with our transition to electronic testing options, the State Universities Civil Service System (System Office) is proposing a revision to the classification plan for the Hospital Administrator series. In this instance, our primary objective is to simply convert the current examinations to a Credentials Assessment model, which can be easily delivered in an electronic format. This conversion should prove to be more efficient and effective in addressing the applicant recruitment and employment components in this occupational area.

This proposal is to notify you of our planned conversion from the current Informational Supplement test contained in this classification series to a Credentials Assessment format within our E-Test delivery system. We do not plan to substantively revise the classification specifications for this series, but we will be minimally changing the specification format to coincide with our standardized model. The proposed classification specification is attached for your review and comments and may also be viewed on our website, www.sucss.state.il.us, in the Classification Status Notice section. Confidential examination materials will be distributed at a later date to meeting participants.

Current Class

Hospital Administrator I/
Medical Center Administrator I
Hospital Administrator II/
Medical Center Administrator II
Hospital Administrator III/
Medical Center Administrator III

Proposed Class

Hospital Administrator I/
Medical Center Administrator I
Hospital Administrator II/
Medical Center Administrator II
Hospital Administrator III/
Medical Center Administrator III

This proposal will be formally reviewed at a meeting to be conducted on **February 22, 2008 at 10:00 a.m.** You are invited to attend the meeting at the System Office, by teleconference or by videoconference. We ask that each employer utilizing these classifications to please participate in this process. Due to the minor revisions to the class specifications and examination, we do not anticipate a lengthy meeting. Conference call information will be sent prior to the meeting date along with examination information. For onsite participation, examination information will be distributed upon arrival to the System Office. ***If you plan to utilize videoconference for your participation, please indicate your IP address.***

Please share this information as required, but keep in mind that the purpose of this meeting is to simply change the delivery format of the examination from an applicant-rated paper format to an employer-rated electronic test. Please contact Torre Walls at (217) 278-3150, Ext. 230, or by email at torrew@succs.state.il.us if you need any additional information or clarification.

Classification/Examination Review: Hospital Administrator Series

Meeting Date: **February 22, 2008, 10:00 a.m.**

University/Agency: _____

Please respond February 21, 2008 if your university/agency plans to participate in the Class Specification and Examination Review Meeting.

*Please indicate which method of participation you will utilize below.
(Teleconference, Videoconference or Physically Attending)*

Name	Position	Department	E-mail Address	Method of Participation