

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 Press Technician Series

DATE: November 10, 2008

Consistent with our goal to periodically revise class specifications and examinations to assure appropriate assessment of requisite knowledge, skills and abilities, we are calling for a final System review of the revised Press Technician Series class specifications and examinations.

We are therefore scheduling a formal meeting/teleconference to review the class specifications and examination pretest results for this series. The newly revised class specifications and status notice will be available on our website following the Veteran's Day holiday. We plan to transition this series of examinations into the E-Test system upon its effective date.

The review meeting is scheduled for **November 19, 2008 at 10:00 a.m. in the System Office**. We request that each employer utilizing these classifications please plan to participate in this process. Participants may elect to participate in person, by teleconference or by videoconference. Conference call information will be sent prior to the meeting date. *If you plan to utilize the videoconference option, please send us your IP address.*

Please share this information as required, but keep in mind that the purpose of this meeting is to finalize the class specifications/examinations. 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: Press Technician Series

Meeting Date: **November 19, 2008, 10:00 a.m.**

University/Agency: _____

Please respond by November 18, 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	IP Address