

STATE UNIVERSITIES CIVIL SERVICE SYSTEM

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



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

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

FROM: Jeff Brownfield
Assistant Director

SUBJECT: Notice of Specification/Examination Revision for the Dental Assistant Series

DATE: March 4, 2009
CCE -09-375

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 Dental Assistant Series. The System Office is updating the class specifications. In addition, we plan to update the current examinations, 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.

The proposed classification specification is attached for your review and comments. Confidential examination materials will be distributed later to meeting participants.

Current Classes

Dental Assistant I
Dental Assistant II
Dental Assistant III
Dental Assistant IV

Proposed Classes

Dental Helper
Dental Assistant
Dental Associate
Dental Assistant Supervisor

This proposal will be formally reviewed at a meeting to be conducted on **March 13, 2009 at 10:00 by conference call**. Conference call information will be sent prior to the meeting date along with examination information. We ask that each employer utilizing these classifications to please participate in this process.

Please share this information as may be required. Please contact Jeff Brownfield at (217) 278-3150, Ext. 236, or by email at jeffb@succs.state.il.us if you need any additional information or clarification.

Please respond by March 11, 2009 if your university/agency plans to participate in the Class Specification and Examination Review Meeting/Conference Call.

Classification/Examination Review: Dental Assistant Series

Meeting Date: **March 13, 2009, 10:00**

University/Agency: _____

Attendees (Name, position, department, e-mail address):
