

STATE UNIVERSITIES CIVIL SERVICE SYSTEM

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



*Joanne E. Maitland
Merit Board Chair
Lewis T. (Tom) Morelock
Executive Director*

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

FROM: Gail Hankins
Human Resource Associate

SUBJECT: Notice of Specification/Examination Revision for the Extension Program
Coordinator

DATE: April 18, 2011

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 Extension Program Coordinator. In this instance, our primary objective is to revise the Minimum Acceptable Qualifications then update the 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 revision to the qualifications of class specification as well as to minimally change the specification format to coincide with our standardized model. Confidential examination materials will be distributed later to meeting participants.

Current Classes

Extension Program Coordinator

Proposed Classes

Extension Program Coordinator

This proposal will be formally reviewed at a meeting on **April 27 at 10:00 a.m.** You are invited to attend the meeting at the System Office, by teleconference or by videoconference. We ask each employer utilizing this classification to please participate in this process. Due to the minor revisions to the class specification 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. Contact Gail Hankins at (217) 278-3150, Ext. 232, or by email at gailh@sucss.state.il.us if you need any additional information or clarification.

Classification/Examination Review: Extension Program Coordinator

Meeting Date: **April 27 , 2011 - 10:00 a.m.**

University/Agency: _____

Please respond by April 26, 2011 if your university/agency plans to participate in the Class Specification and Examination Review Meeting.

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

If you plan to utilize videoconference for your participation, please indicate your IP address:

| Name | Position | Department | E-mail Address | Method of Participation |
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