

**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:** Torre L. Walls  
Operations Division

**SUBJECT:** Notice of Specification/Examination for the Quality Coordinator Series

**DATE:** April 18, 2013

Consistent with our transition to electronic testing options, the State Universities Civil Service System (System Office) is proposing an addition to the classification plan.

This letter is to notify you of a meeting to review the Class Specification and examining instrument (Credentials Assessment format within our E-Test System) for a new series.

Confidential examination materials will be distributed later to meeting participants.

**Proposed Classes**

Quality Specialist  
Quality Coordinator

This proposal will be formally reviewed at a meeting to be conducted on **May 2, 2013 at 10:00 a.m.** You are invited to attend the meeting at the System Office or by videoconference. We ask that each employer with the potential to utilize these classifications to please participate in this process. Videoconference exam materials will be sent prior to the meeting. 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 review the new class specification and the proposed examination (an employer-rated electronic test). Please contact Torre Walls at (217) 278-3150, Ext. 230, or by email at [torrew@sucss.illinois.gov](mailto:torrew@sucss.illinois.gov) if you need any additional information or clarification.

Classification/Examination Review: Quality Coordinator Series

Meeting Date: **May 2, 2013 – 10:00 a.m.**

University/Agency: \_\_\_\_\_

***Please respond April 30, 2013 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)***

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

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Name	Position	Department	E-mail Address	Method of Participation