

STATE UNIVERSITIES CIVIL SERVICE SYSTEM

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



**James D. Montgomery
Merit Board Vice 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 Data Analyst Series

DATE: August 13, 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

Clinical Practice Data Analyst
Clinical Practice Data Analyst Specialist
Clinical Practice Data Analyst Coordinator

This proposal will be formally reviewed at a meeting to be conducted on **August 27, 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 if you need any additional information or clarification.

Classification/Examination Review: Quality Data Analyst Series

Meeting Date: **August 27, 2013 – 10:00 a.m.**

University/Agency: _____

*Please respond by **August 23, 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:

Name	Position	Department	E-mail Address	Method of Participation