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:

Lucinda M. Neitzel

Assistant Director, Operations and Compliance Division

SUBJECT:

Meeting Notice of Specification/Examination for the Veterinary Technician Series

DATE:

February 28, 2014

Consistent with our transition to electronic testing options, the State Universities Civil Service System (System Office) is proposing the revision to the classification plan. This letter is to notify you of a meeting to review the Class Specification and to discuss the examination instrument for this classification series.

Current Class

Veterinary Technician

Veterinary Technician (Anesthesiology,

Diagnostic Pathology, Medicine, Ophthalmology,

Pharmacy, Surgery) |

Veterinary Technician (Anesthesiology,

Diagnostic Pathology, Medicine, Ophthalmology,

Pharmacy, Surgery) | |

Veterinary Technician (Anesthesiology,

Medicine) III

Proposed Classes

Veterinary Technician (General)

Veterinary Technician I

Veterinary Technician II

Veterinary Technician III

This proposal will be formally reviewed at a meeting to be conducted on March 7, 2014 at 9:00 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. For onsite participation, examination information will be distributed upon arrival to the System Office. If you plan to participate via Videoconference, the necessary examination materials will be sent prior to the meeting. Please provide your IP address if you wish to participate in this fashion.

Please share this information as required, but keep in mind that the purpose of this meeting is to review the new class specification and topics related to a new proposed examination. Please contact Lucinda Neitzel at (217) 278-3150, Ext. 239, or by email at cindyn@sucss.illinois.gov if you need any additional information or clarification.

				Participation
Name	Position	Department	E-mail Address	Method of
			please indicate your IP ad	
	e which method of pai nce or Physically Atter	rticipation you will utiliz nding)	re below.	
190	d by March 5, 2014 if y on Review Meeting.	your university/agency p	plans to participate in the	Class Specification
University/Age	ency:			
Meeting Date:	March 7, 2014 at 9:0	0 a.m.		
Classification/	Examination Review:			