STATE UNIVERSITIES CIVIL SERVICE SYSTEM

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

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

FROM: Lucinda M. Neitzel
Assistant Director, Operations and Audit Division

SUBJECT: Meeting Notice of Specification/Examination for the Reimbursement Coding Series

DATE: June 6, 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	**Proposed Classes**
Reimbursement Coding Specialist I	Reimbursement Coder
Reimbursement Coding Specialist II	Reimbursement Coding Specialist
Reimbursement Coding Specialist III	Reimbursement Coding Supervisor

This proposal will be formally reviewed at a meeting to be conducted on **June 10, 2014 at 2:00 p.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 the new/proposed examinations. 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.

Classification/Examination Review:

Meeting Date: **June 10, 2014 at 2:00 p.m.**

University/Agency: _____

Please respond by **June 9, 2014** *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.
(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