STATE UNIVERSITIES CIVIL SERVICE SYSTEM

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



James D. Montgomery

Merit Board 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 Audit Division

SUBJECT:

Meeting Notice of Specification/Examination for the Parking Services Classifications

DATE:

November 25, 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

Parking Services Agent I/Parking Services Assistant*
Parking Services Agent II

Parking I, II, and III (TBD)

Parking Services Agent II
Parking Services Agent III
Parking Services Technician

*Alternate Title

This proposal will be formally reviewed at a meeting to be conducted on **December 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 new examinations. Please contact Lucinda Neitzel at (217) 278-3150, Ext. 236, or by email at cindyn@sucss.illinois.gov if you need any additional information or clarification.

| Classification/Ex | xamination Review: | | | |
|-------------------|---|---------------------------------------|----------------------------|----------------------------|
| Meeting Date: | December 10, 2014 a | at 2:00 p.m. | | |
| University/Ager | ncy: | · · · · · · · · · · · · · · · · · · · | · | |
| | by December 8, 2 d Examination Reviev | | agency plans to particip | pate in the Class |
| | which method of par ce or Physically Atten | ticipation you will utiliz ading) | e below. | |
| If you plan to u | tilize videoconference | e for your participation, | please indicate your IP ac | ldress: |
| | | | | |
| Name | Position | Department | E-mail Address | Method of Participation |
| | | | | |
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