


STATE UNIVERSITIES CIVIL SERVICE SYSTEM

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



*James D. Montgomery
Merit Board Chair
Mari Martinelli
Interim 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 Painter Series

DATE: July 6, 2015

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.

**Painter
Painter Sub-Foreman
Painter Foreman**

This proposal will be formally reviewed at a meeting to be conducted on **July 14 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. 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.

Classification/Examination Review: Painter Series

Meeting Date: **July 14 at 10:00 a.m.**

University/Agency: _____

*Please respond by **July 13, 2015** 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