



In the list of dates of employment, he indicated that he was a Government Representative 2 from March 2012 to June 2017. After the set of duties, he listed a second position as Government Representative 2, with differing duties performed from June 2012 to December 2013, which overlaps with the first position. In its determination dated August 19, 2019, Agency Services determined that the appellant does not possess applicable experience, including his provisional position, thereby lacking one year of required experience.

On appeal, the appellant indicates that all other staff who work in his unit have the "Information Systems" variant after their titles and have similar job duties. The appellant states that while in the an Administrative Analyst 1 and Administrative Analyst Trainee titles, he performed the review, analysis and evaluation of operational policies, procedures, business rules, practices and processes of the technical requirements of the Division of Vocational Rehabilitation Services (DVRS) information systems and for implementing new Information Technologies (IT) solutions and services.

More specifically, regarding the case management system created by a vender, the appellant states that while at DVRS, he is responsible and "fully involved" with the AWARE (Accessible Web-Base Activity and Reporting Environment) web-based application, new releases, Application road map and Technology road map. Within the Technology road map, he ensures compatibility with browser requirements, the servers, and databases. The appellant ensures new releases are in line with federal requirements, and utilizes technical tools like RSA-911 Edit Check for data validation and error free reporting of the RSA-911 federal report. He performed research and used the test environment to determine the most effective ways to address unique situations in the use of the new case management system. The appellant states that he has worked closely with the vendor regarding updates and has completed work orders for changes to avoid the user issues and alleviate errors. Daily, he addresses IT questions as the point of contact/helpdesk. The appellant has recommended improvements, and determined more effective ways to run reports. The appellant advises staff and trains them on these updates and revisions, and is responsible for nine field offices and offers system support for all 18 field offices. The appellant states that he has assisted in creating training documents and presented training on numerous occasions.

## CONCLUSION

At the outset, it must be underscored that a "Qualifying Examination" requires the candidate to demonstrate on his qualifying examination application that he possesses the necessary experience for the subject title in order to effect a lateral transfer to the title. Additionally, in order for experience to be considered applicable, it must have as its primary focus full-time responsibilities in the areas required in the announcement. *See In the Matter of Bashkim Vlashi* (MSB, decided June 9, 2004). Also, instructions for the employment section stated, "If you do not

properly complete your application you may be declared ineligible. If you held different positions with the same employer, list each position separately. Make sure you give full dates of employment (month/year). Indicate whether the job was full or part time, and the number of hours worked per week. Since your application may be your only "test paper" be sure it is complete and accurate. Failure to complete your application properly may cause you to fail."

Agency Services determined that the appellant's experience in his current and prior-held titles did not have work involving the review, analysis, and evaluation of the administrative, business, and/or operational policies, procedures, practices, and processes and/or the technological requirements of an organization for the purpose of revising/enhancing existing information systems and/or developing/acquiring and implementing new IT solutions and services. It is uncertain if the appellant performed the duties on his application for only during his prior held title or for his entire employment history, outside of the year and a half as a Government Representative 2 when he performs separate duties. Nonetheless, the duties on the appellant's application have more to do with maintaining the database system and assisting users than reviewing, analyzing, and evaluating policies, procedures, practices and processes, or technological requirements. For example, he adds and remove staff to AWARE, performs helpdesk operations, assists with or provides reports, maintains inventory, resolves phone issues, orders supplies, tests new developments in AWARE and determines the need for enhancements or new software, extracts information from AWARE for management, captures data, revises forms, and surveys user satisfaction. These duties include the review, analysis, and evaluation of technological requirements, but that does not appear to be the primary focus of a position(s). On appeal, the appellant enhances these duties, but does not provide additional information that could determine the primary focus, such as the amount of time spent on each. The duties provided for the combined titles does not have as the primary focus the experience requirement, but rather are similar to technical support. The appellant's remaining experience is not applicable.

As to the classification of the position, the appellant indicates that he addresses IT questions as the point of contact/helpdesk on a daily basis and many of his duties revolve around this issue. Although it is unclear if these duties pertain to his provisional position, or one of his prior titles, or all of them, these duties clearly are not those of Administrative Analyst 1. To return him to his prior title because he failed the qualifying examination would misclassify his position. Thus, the Commission concurs with Agency Services' determination that the position requires a classification review.

Agency Services correctly determined that the appellant did not pass the subject qualifying examination. Therefore, he has failed to support his burden of proof in this matter.

**ORDER**

Therefore, it is ordered that this appeal be denied. It is further ordered that the appellant should provide a duties questionnaire to the Division of Agency Services detailing the duties of the position, along with a completed examination application within 30 days of the issuance date on this decision.

This is the final administrative determination in this matter. Any further review should be pursued in a judicial forum.

DECISION RENDERED BY THE  
CIVIL SERVICE COMMISSION ON  
THE 23<sup>rd</sup> DAY OF OCTOBER, 2019



Deirdre L. Webster Cobb  
Chairperson  
Civil Service Commission

Inquiries  
and  
Correspondence

Christopher S. Myers  
Director  
Division of Appeals and Regulatory Affairs  
Civil Service Commission  
Written Record Appeals Unit  
P. O. Box 312  
Trenton, New Jersey 08625-0312

Attachment

- c. Francis Lay
- Tennille McCoy
- Kelly Glenn
- Records center

# STATE POSITION CLASSIFICATION QUESTIONNAIRE

NEW JERSEY CIVIL SERVICE COMMISSION DIVISION OF STATE & LOCAL OPERATIONS

FOR CIVIL SERVICE COMMISSION USE

S&LO  
LOG NO.

**IMPORTANT:** Full instructions for completing this form are located on the last page. It is most important that employees and supervisors read them carefully. The form must be signed by the employee, his or her supervisor, the Program Manager or Division Director and the Appointing Authority Representative.

EMPLOYEE  
ID #

CSS  
REQUEST NO.

**INCOMPLETE REQUESTS WILL BE RETURNED.**

1. NAME OF EMPLOYEE (IF ANY)

2. ANNUAL SALARY (*Current*)

3. POSITION NO.

4. CODE (*Range and Title*)

5. OFFICIAL CIVIL SERVICE TITLE

6. WORKING TITLE (*If different*)

7. LOCATION OF POSITION

(*Geographic location, Unit, Section, Division, Institution, or Department*)

7A. EMPLOYEE WORK OR HOME MAILING ADDRESS

8. REQUESTED TITLE (*This is a required field for appeals.*)

9. WORK (DUTIES) PERFORMED - Describe in detail the work required of this position. Make descriptions so clear that persons unfamiliar with the work can understand exactly what is done. **You MUST also explain how the duties at issue are more appropriate to the requested title than your current title.** NOTE: If this is a vacant position or a new position request, the form must be completed by the supervisor of the position and certified for accuracy by the Appointing Authority Representative.

Percent of  
Time

Work (Duties) Performed

Order of  
Difficulty

**ITEM 9 CONTINUED**

Percent of Time	Work (Duties) Performed	Order of Difficulty

**10. REGULAR SCHEDULE OF WORK HOURS**

DAY	FROM	TO	DAY	FROM	TO
Monday			Friday		
Tuesday			Saturday		
Wednesday			Sunday		
Thursday			Length of Lunch Period - - - - -		
<b>Total Hours Worked Per Week</b> - - - - -					


**10 A. EXPLAIN ROTATION OF SHIFTS, IF ANY**

**QUESTIONNAIRE CONTINUED**

11. TYPE OF SUPERVISION RECEIVED (Check One — See definitions on page 5)

CLOSE     LIMITED     GENERAL     OTHER (Explain) \_\_\_\_\_

<p>12. Does this position supervise other employees?</p> <p><input type="checkbox"/> YES (If yes, complete Items A thru E)    <input type="checkbox"/> NO</p> <p>A. <input type="checkbox"/> Occasionally?    [or]    <input type="checkbox"/> Regularly?</p> <p>B. Responsible for the preparation of performance evaluations?    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>C. Assign work?    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>D. Review completed work of employees supervised?    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p>	<p>E. List the names and titles of the employees supervised directly. <i>(If the employees supervised comprise one or more complete units, include the names of the units)</i></p>
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<p><b>13. CERTIFICATION OF EMPLOYEE</b></p> 	<p>I CERTIFY that I have read the instructions and the entries made above are my own and, to the best of my knowledge, are accurate and complete.</p> <p>SIGNATURE _____ DATE _____</p>
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**14. STATEMENTS OF IMMEDIATE SUPERVISOR**

A. Comments on Statements of Employee

Check here if continued on additional sheets.

B. What do you consider the most important duties of this position?

Check here if continued on additional sheets.

C. List those knowledges and abilities necessary for standard performance of the job to be done by an incumbent of this position

Check here if continued on additional sheets.

D. I  AGREE     DISAGREE with the employee's description of job duties.

E. I  AGREE     DISAGREE with the employee's cited percentage of time.

F. I  AGREE     DISAGREE with the title proposed by the employee.

If you disagree with any of the above-stated factors, explain the nature of the disagreement here:

Check here if continued on additional sheets.

OFFICIAL CIVIL SERVICE TITLE <i>(Working title if different)</i>	SIGNATURE	DATE
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### 15. STATEMENTS OF PROGRAM MANAGER OR DIVISION DIRECTOR

- A. I  AGREE  DISAGREE with the employee's description of job duties.
- B. I  AGREE  DISAGREE with the employee's cited percentage of time.
- C. I  AGREE  DISAGREE with the title proposed by the employee.

If you disagree with any of the above-stated factors, explain the nature of the disagreement here:

\* You must forward this form within 15 days of the employee's submission of the appeal to the supervisor, to your agency representative along with a copy of the employee's most recent performance evaluation form.

Check here if continued on additional sheets.

OFFICIAL CIVIL SERVICE TITLE  
*(Working title if different)*

SIGNATURE

DATE

### 16. STATE APPOINTING AUTHORITY REPRESENTATIVE SIGNATURE



In State service, the agency representative's signature certifies the information in accordance with 4A:3-3.9(c)1 through 3.



A copy of the employee's most recent performance evaluation and an organizational chart are attached.

**OPTIONAL**

I recommend that this appeal be  GRANTED  REJECTED

REASON:

Check here if continued on additional sheets.

OFFICIAL CIVIL SERVICE TITLE  
*(Working title if different)*

SIGNATURE

DATE



## INSTRUCTIONS FOR COMPLETING STATE POSITION CLASSIFICATION QUESTIONNAIRE (DPF-44S)

**NOTE:** If this is a vacant position or a new position request, this form must be completed by the supervisor of the position and certified for accuracy by the Appointing Authority.

**Please read these instructions carefully before filling out the Position Classification Questionnaire.**

This form is used to obtain information about a position. It will be used to determine the classification or to determine a rate of pay. Therefore, be as clear and accurate as possible and fill out the form completely. Be specific and illustrate statements with examples. If more space is needed to answer any of the items, attach an additional sheet and identify each item by its number.

This form must be completed in its entirety. Should any of the fields be left blank, the package will be returned to the appointing authority and the appeal will not be considered received by the Civil Service Commission (i.e. CSC's 180-day review period will not commence). Appeals are considered received by the CSC (and our 180-day review period begins) when a complete package is received.

This form is to be completed by you in your own words. Your supervisor and department head will review your Position Classification Questionnaire to determine the completeness and accuracy of the statements and to clarify or give additional information concerning your duties and responsibilities. Under no circumstances, however, should the supervisor or the department head change the answers as given and certified by you. In the space provided, they may make whatever statements they think are necessary before signing the report. State your name in Item 1 and complete Items 6 through 13. Items 2 through 5 will be completed by your personnel office. Remember to sign your name in Item 13. Give the completed questionnaire to your supervisor.

**ITEM 8 -** You must indicate the title which you feel is a more appropriate classification of your position. This is a required field. If this field is left blank, the form will be returned.

**ITEM 9 -** The answer to this item requires an exact account of what you do. Describe your "whole job" or year-round duties, not just those which might be performed during rush or peak periods of activity or when you are substituting for other persons. Start with your most important duties and describe your least important duties last. Use a separate paragraph for each major duty. In the column at left indicate as best you can the percentage of time you devote to each duty. The position's supervisor will complete the information requested in the right hand column.

**You MUST also explain how the duties at issue are more appropriate to the requested title than your current title.** For example, how does the job specification for your current title significantly differ from the major duties you are assigned to perform? How is the job specification for the requested title a more appropriate description of the major duties you are assigned to perform? What are the reasons you believe your position is erroneously classified? You should reference the specific information listed in the job specification for the requested title that supports your point of view, as well as the specific areas of disagreement you have with the job specification for your current title.

EXAMPLES OF GOOD AND POOR DUTIES STATEMENTS	
Poor Statements	Good Statements
Assist in handling correspondence. ●●●●●●●●●●	Receive, open, time stamp, and route incoming mail.
Maintain grounds and landscaped areas. ●●●●●●●●	Mow lawn with power mower and hand mowers. Trim trees from ground and from ladder, using power saws. Lubricate mowers.
I do finish concrete work. ●●●●●●●●●●●●●●●●	Place forms; mix, pour and finish concrete walks and curbing.
Keep claim registers. ●●●●●●●●●●●●●●●●	Prepare registers of all claims showing allocation of budget expenditures and total amount of expenditures for month in which claims are made.
Do general kitchen work. ●●●●●●●●●●●●●●	Clean and cut fruits and vegetables. Make salad dressings. Serve at steam table. Wash pots and dishes and store away utensils and foods. Once or twice a month, bake cookies and tarts.
Our unit is responsible for keeping all purchasing records. ●●	I compare invoices with purchase orders. Review requisitions submitted by the different departments for accuracy, then give them to the Purchasing Agent for his or her OK.

**ITEM 11 -** Before you complete Item 11, the following definitions will be helpful in making your choice of the type of supervision you receive.

- **CLOSE SUPERVISION:** Work is performed according to detailed instructions and supervision is available on short notice.
- **LIMITED SUPERVISION:** Incumbent proceeds on his/her own initiative while complying with policies, practices, and procedures prescribed by the supervisor. The supervisor generally answers questions only on the more important phases of the work.
- **GENERAL SUPERVISION:** Work is performed independently. The incumbent seldom refers matters to supervisor except for clarification of policy.
- **OTHER:** If your work is supervised in a manner different from all of the above, please describe briefly how your work is assigned and supervised.

### INSTRUCTIONS FOR SUPERVISORY STAFF

**ITEM 14 -** If you are a supervisor reviewing this form, you should remember that your certification means you accept responsibility that the statements made constitute a true description of the duties and responsibilities of the position. If the description does not meet with your idea of the position, it is your responsibility to see that statements made are qualified or elaborated upon in your comments. Under no circumstances, however, are the employee's statements to be changed. However, you are asked to determine the order of difficulty of each duty performed. Under Item 9 in the column at right, cite the order of difficulty of duties performed by assigning the number one (1) to the most difficult, the number two (2) to the next most difficult, etc. Keep in mind that the most important duty performed by this position may not be the most difficult, nor the one on which the greatest percentage of time is spent.

You should review the completed and signed form for correctness, completeness, and accuracy of statements. You must indicate agreement or disagreement with the employee's description of duties, cited percentage of time and the title proposed by the employee. If you disagree with any of those factors, explain the nature of the disagreement in the space provided. Sign the form, and forward it to the program manager or division director.

**ITEM 15 -** The program manager or division director **MUST** indicate his or her agreement or disagreement with the employee's description of duties, cited percentage of time and the title proposed by the employee. If you disagree with any of those factors, explain the nature of the disagreement in the space provided. Additional comments may be written in the space provided. Sign the form, attach a copy of employee's most recent performance evaluation and forward it to your Personnel Office.

### APPOINTING AUTHORITY SIGNATURE

**ITEM 16 -** The appointing authority or designated representative must ensure that a copy of the employee's most recent performance evaluation and an organizational chart are included in the package and should then check the box. You may indicate whether you agree or disagree with the appeal and include a reason if desired. Sign the form and forward the completed package to the Civil Service Commission.