

### **STATE OF NEW JERSEY**

In the Matter of Antoinette Abdul-Hakeem, Keyboarding Clerk 2 (PM3723D), East Orange

CSC Docket No. 2022-2853

# FINAL ADMINISTRATIVE ACTION OF THE CIVIL SERVICE COMMISSION

**Examination Appeal** 

**ISSUED: AUGUST 3, 2022** (RE)

Antoinette Abdul-Hakeem appeals the decision of the Division of Agency Services which found that she did not meet the experience requirements for the promotional examination for Keyboarding Clerk 2 (PM3723D), East Orange.

The subject examination announcement was issued with a closing date of February 22, 2022. The examination was open to employees in the competitive division who had an aggregate of one year of continuous permanent service as of the closing date in the title Keyboarding Clerk 1 or Keyboarding Clerk 1, Bilingual in Spanish and English and who met the announced requirement of one year of clerical experience operating an alphanumeric keyboard or typewriter to produce documents such as letters, memos, reports, charts, forms and other materials. Successful completion of a clerical training program with a minimum of 700 clerical training hours or 30 semester hour credits in secretarial science from an accredited college or university could be substituted for the experience requirement. The appellant was determined to be ineligible for below minimum requirements in experience. As there were no admitted candidates, the examination was cancelled on May 20, 2022.

On her application, the appellant listed one position, Switchboard Operator from September 2009 to November 2011. She did not provide a resume with her application. Official records indicate an additional employment history. These records indicate that the appellant was a provisional Keyboarding Clerk 2 from July 2021 to the February 2022 closing date; and a Keyboarding Clerk 1 from October 2011 to July 2021. As the appellant did not indicate any production of documents

for the duties of the one position listed on her application, she was found to be lacking one year of applicable experience.

On appeal, the appellant states that she has been working in the Division for ten years, that her ineligibility is unjustified and inequitable, and she deserves a promotion. She states that she was a Switchboard Operator, a Clerk, and has a Bachelor's degree in Psychology. She provides a resume which includes these positions. For her "Clerk" position, the appellant indicates that she resolves questions, inconsistencies and missing data; assists with locating records and retrieving data base information; prepares documents for scanning by removing staples and sorting them; stages documents for destruction; safeguards data accessibility by file management and organization; verifies data accuracy; maintains accuracy while entering data into designated fields; identifies and corrects data entry errors; and assists customers with applications.

### CONCLUSION

N.J.A.C. 4A:4-2.6(a) provides that applicants shall meet all requirements specified in the promotional examination announcement by the closing date.

In the instant matter, the appellant was denied eligibility as she did not produce documents while in her position as Switchboard Operator, the one position she listed as her experience. On appeal, the appellant indicates that she has worked for the appointing authority for ten years as a "Clerk." Official records indicate that she was in the titles Keyboarding Clerk 1 and Keyboarding Clerk 2. Nonetheless, a review of the duties she listed for her provisional position do not indicate that she produces documents such as letters, memos, reports, charts, forms and other materials. Rather, the focus of her position is data entry. As such, if the appointing authority wants the appellant to remain in her current position, the appellant should provide a duties questionnaire (enclosed) to Agency Services detailing the duties of the position, along with a completed examination application within 30 days of the issuance of this decision, so that an appropriate provisional title can be assigned, and a pre-qualification determination can be made. Should the appellant be found not eligible for the new provisional appointment, she should be returned to her underlying permanent title at that time. In the future, if Agency Services determines that the position is that of Keyboarding Clerk 2, a new examination can be announced.

An independent review of all material presented indicates that the decision of Agency Services that the appellant did not meet the announced requirements for eligibility by the closing date is amply supported by the record. The appellant provides no basis to disturb this decision. Thus, the appellant has failed to support her burden of proof in this matter.

### ORDER

Therefore, it is ordered that this appeal be denied, and the matter of the classification of the appellant's provisional position be referred to the Division of Agency Services for review.

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 3<sup>RD</sup> DAY OF AUGUST 2022

Levere L. Webster Calib

Deirdré L. Webster Cobb

Chairperson

Civil Service Commission

Inquiries

and

Correspondence

Nicholas F. Angiulo

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: Antoinette Abdul-Hakeem Solomon Steplight Division of Agency Services Records Center

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

**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 Representative.

### 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 is to be completed by you in your own words. Your supervisor and department head will review your Position Classification Question-naire 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 to 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 12. Items 2 through 5 will be completed by your personnel office. Remember to sign your name in Item 12. Give the completed questionnaire to your supervisor.

ITEM 8 - 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.

EXAMPLES OF GO	OOD 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 fawn with power mower and hand mowers.  Trim trees from ground and from ladder, using power saws.		
I do finish concrete work.	Lubricate mowers.  Place forms, mix, pour and finish concrete walks and curbing.  Prepare registers of all claims showing allocation of budget expenditures and total amount of expenditures for month in which claims are made.		
iDo 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 cookles 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 10 - Before you complete Item 10, 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

'TEM 13 - 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 8 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, then add any comments which you believe are necessary, sign the form, and forward it to the program manager or division director.

ITEM 14 - The Program Manager or Division Director should indicate his or her agreement or disagreement with the statements of the immediate supervisor. Additional comments may be written in the space provided. Sign the form and forward it to your Personnel Office.

### APPOINTING AUTHORITY SIGNATURE

ITEM 15A - (State Service) - the appointing authority or designated representative shall sign the form here. The agency representative's signature certifies that he/she has reviewed the appeal, provided an organization chart, and included all information set forth in 4A:3-3.9(c). The completed package should be forwarded to the Civil Service Commission.

ITEM 15B - (Local service) - the agency representative shall sign here, and may indicate his/ her agreement or disagreement with the statements of the immediate supervisor and program manager or division director, and provide comments if desired. The completed package should be forwarded to the Civil Service Commission.

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.  INCOMPLETE REQUESTS WILL BE RETURNED.					CSS REQUEST NO.			
1. NAME OF	EMPLOYEE (IF ANY)	2. ANNUAL SA	ALARY (Current)	3. POSITION NO.	. 4. CODE (Range and Title)			
5. OFFICIAL	TITLE OF POSITION		6. WORKING TITL	E (If different)				
	N OF POSITION location, Unit, Section, Division, Institution, o	r Department)						
7A. EMPLO	YEE WORK OR HOME MAILING ADDRESS							
the work car	(DUTIES) PERFORMED - Describe in detail the understand exactly what is done. NOTE: If the first the position and certified for accuracy by the	nis is a vacant p	osition or a new pos	ition request, the for	dear t	hat persons unfa ust be completed	miliar with by the	
Percent of Time		Work (Dutie	s) Performed				Order of Difficulty	

### **ITEM 8 CONTINUED**

Percent of Time	Work (Duties) Performed	Order of Difficulty
		:

DAY	FROM	TO	DAY	FROM	TO
Monday			Friday		
Tuesday			Saturday		
Wednesday			Sunday		
Thursday			Length of Lunch Period		

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-8	9b. EXPLAIN ROTATION OF SHIFTS, IF ANY
-1	1 70. CAPLANT ROTATION OF STREETS, IT AIRT
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QUESTIONNAIRE CONTINUED					
10. TYPE OF SUPERVISION RECEIVED (Check One — See definitions on page 4)					
CLOSE LIMITED GENERAL	L OTHER (Explain)				
11. Does this position supervise other employees?  YES (If yes, complete Items A thru E)  A. Occasionally? [or] Regularly  B. Responsible for the preparation of performance evaluations?  C. Assign work? YES  D. Review completed work of employees supervised?	E. List the names and titles of the employees supervised directly.  (If the employees supervised comprise one or more complete units, include the names of the units)  NO  NO  NO  NO				
12. CERTIFICATION OF I CERTIFY that I have real knowledge, are accurate a	ad the instructions and the entries made above are my own and, to the best of my and complete.				
SIGNATURE S. 1997					
13. STATEME	ENTS 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 th					
C. List those knowledges and abilities necessary for star	Check here if continued on additional sheets.  Industry performance of the job to be done by an incumbent of this position				
1	Check here if continued on additional sheets.				
D. I AGREE DISAGREE with the employee	s's descript on of job duties, percentage of time, and order of difficulty.				
COMMENTS:					
	Check here if continued on additional sheets				
OFFICIAL TITLE (Working title if different)	SIGNATURE DATE				

14. STATEMENTS OF PROGRAM MANAGER OR DIVISION DIRECTOR				
I AGREE with the statements of the immediate supervisor.				
DISAGREE with the statements of the immediate supervisor.				
COMMENTS:				
		:		
	Check here if continued	on additional sheets.		
OFFICIAL TITLE	SIGNATURE	DATE		
(Working title if different)	SIGNATURE	DATE		
15A. STATE APPOINTING AUTHORITY	REPRESENTATIVE SIGNATUR	E		
In State service, the agency representative's signature certific	es the Information in accordance with 4A:3-3.9(c	)1.		
OFFICIAL TITLE (Working title if different)	SIGNATURE	DATE		
15B. LOCAL APPOINTING AUTHORITY	REPRESENTATIVE SIGNATU	RE		
In Local service, the agency representative's signature certifies the information	ation in accordance with 4A:3-3.9(d).			
AGREE with the statements of the immediate supervisor and program	n manager or division director.			
DISAGREE with the statements of the immediate supervisor and program manager or division director.				
COMMENTS:				
;				
	Check here if continued	on additional sheets		
OFFICIAL TITLE (Working title if different)	SIGNATURE	DATE		
		l		