



**STATE OF NEW JERSEY**

**FINAL ADMINISTRATIVE ACTION  
OF THE  
CIVIL SERVICE COMMISSION**

In the Matter of Robert Iler,  
Environmental Scientist 3, Public  
Health (PS3937H), Department of  
Health

Examination Appeal

CSC Docket No. 2022-2946

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

Robert Iler appeals the decision of the Division of Agency Services (Agency Services) which found that he did not meet the experience requirements for the promotional examination for Environmental Scientist 3, Public Health (PS3937H), Department of Health.

The subject examination announcement was issued with a closing date of November 22, 2021. 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 Environmental Scientist 2, Public Health; or to employees in the competitive division who had an aggregate of one year of continuous permanent service as of the closing date in any competitive title and who met the announced requirements. These include graduation from an accredited college or university with a Master's degree in Biology, Biochemistry, Ecology, Industrial Hygiene, Epidemiology, Toxicology, Physics, Public Health, Occupational Health, Environmental Management, Health Science, or other related science; and three years of experience in work involving evaluating health effects resulting from exposure to environmental or occupational substances. The appellant was determined to be ineligible for below minimum requirements in experience. As there were no admitted applicants, the examination was cancelled on May 27, 2022.

On his application, the appellant indicated that he possessed a Master's degree in Nutrition and Food Science, which was accepted. He listed three positions on his application and resume, Adjunct Professor (part-time, 8 hours per week), Instructor (part-time, 5 hours per week), and Registered Environmental Health

Inspector 2 from February 2008 to the closing date. Official records indicate that the appellant was a provisional Environmental Scientist 3 from October 2021 to the November 2021 closing date; a Registered Environmental Health Inspector 2 from September 2013 to October 2021; a Registered Environmental Health Inspector 1 from July 2009 to September 2013; a Public Health Representative 3 from November 2008 to July 2009; and a Medical CWA from February 2008 to November 2008. None of this experience was accepted, and he was found to be lacking three years of applicable experience.

On appeal, the appellant provides a lengthy description of his duties as a Registered Environmental Health Inspector 2. In support, the Director, Consumer, Environmental, and Occupational Health Service, states that she believes that the appellant's employment history exceeds the minimum three-year requirement. She stated that the appellant's positions routinely required evaluating health effects resulting from exposure to environmental or occupational substances. For example, every inspection requires an evaluation of possible exposures from contaminated food, water, shellfish, dairy products, body art syringes and inks, as well as Harmful Algal Blooms (HABs) from contaminated lake bathing waters.

## 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.

The appellant was denied admittance to the subject examination since he lacked at least three years of experience in work involving evaluating health effects resulting from exposure to environmental or occupational substances. In order for experience to be acceptable, it must mirror the experience required in the examination announcement. In addition, 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). In this case, acceptable experience involves evaluating health effects.

The appellant's teaching positions are clearly inapplicable. In his position as a Registered Environmental Health Inspector 2, the appellant listed duties of inspecting food production and warehouse facilities (shellfish, milk, retail food facilities); preparing reports; providing training and technical and consultative assistance; and providing assistance to body art project coordinator. This is in-title work expected from a Registered Environmental Health Inspector 2. While public health effects may be impacted by violations of food production, the primary focus of the appellant's position was inspections, not on evaluating health effects of those violations. Enforcing relevant public health laws is not the same as evaluating health effects resulting from exposure to environmental or occupational substances.

As such, if the appointing authority wants the appellant to remain in his current position, the appellant should provide a duties questionnaire (enclosed) to Agency Service within 30 days of the issuance of this decision detailing the duties of the position, so that an appropriate provisional title can be assigned. Should the appellant not be eligible for the new provisional appointment, he should be returned to his underlying permanent title at that time. In the future, if Agency Services determines that the position is that of Environmental Scientist 3, Public Health, a new examination can be announced.

The appellant was denied admittance to the subject examination since he lacked the minimum requirements in experience. 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 his burden of proof in this matter.

### ORDER

Therefore, it is ordered that this appeal be denied, and the matter of the appellant's position classification 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

*Deirdre L. Webster Cobb*

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Deirdre L. Webster Cobb  
Chairperson  
Civil Service Commission

Inquiries  
and  
Correspondence

Nicholas F. Angiulo  
Director  
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Civil Service Commission  
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Attachment

c: Robert Iler  
Loreta Sepulveda  
Division of Agency Services  
Records Center

# 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.

<b>EXAMPLES OF GOOD AND POOR DUTIES STATEMENTS</b>	
<b>Poor Statements</b>	<b>Good Statements</b>
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.

# STATE POSITION CLASSIFICATION QUESTIONNAIRE

NEW JERSEY CIVIL SERVICE COMMISSION DIVISION OF STATE & LOCAL OPERATIONS

FOR CIVIL SERVICE COMMISSION USE

S&LO LOG NO.

EMPLOYEE ID #

CSS REQUEST 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.**

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
<i>Monday</i>			<i>Friday</i>		
<i>Tuesday</i>			<i>Saturday</i>		
<i>Wednesday</i>			<i>Sunday</i>		
<i>Thursday</i>			<i>Length of Lunch Period</i> . . . . .		
<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) \_\_\_\_\_

12. Does this position supervise other employees?

YES (If yes, complete Items A thru E)     NO

A.  Occasionally?    [or]     Regularly?

B. Responsible for the preparation of performance evaluations?     YES     NO

C. Assign work?     YES     NO

D. Review completed work of employees supervised?     YES     NO

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)*

**13. CERTIFICATION  
OF  
EMPLOYEE**



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.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**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  
*(Working title if different)*

SIGNATURE

DATE



### 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 <i>(Working title if different)</i>	SIGNATURE	DATE
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### 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 <i>(Working title if different)</i>	SIGNATURE	DATE
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