

STATE OF NEW JERSEY

In the Matter of Alexander McClean, Senior Management Assistant (M0251D), Jersey City

CSC Docket No. 2022-3032

FINAL ADMINISTRATIVE ACTION OF THE CIVIL SERVICE COMMISSION

Examination Appeal

ISSUED: September 21, 2022 (RE)

Alexander McClean appeals the determination of the Division of Agency Services (Agency Services) which found that he did not meet the experience requirements for the open-competitive examination for Senior Management Assistant (M0251D), Jersey City.

The subject examination announcement was issued with a closing date of February 22, 2022. The examination was open to residents of Jersey City and New Jersey who met the announced requirements. These requirements included graduation from an accredited college or university with a Bachelor's degree, and two years of experience performing complex administrative support work which must have included the interpretation, verification and/or application of department/agency rules, regulations, policies and procedures. Applicants who did not meet the education requirement could substitute experience on a year-for-year basis, with 30 semester hour credits equal to one year of experience. It is noted that 17 candidates are eligible for the examination which has not yet been held.

On his application, McClean indicated that he possesses a Bachelor's degree, and he listed three positions on his application. He did not provide a resume. His positions include: Chief Policy and Compliance Officer, Urban Planner and Senior Project Manager. Official records indicate that the appellant is a provisional Senior Management Assistant and that "Chief Policy and Compliance Officer" is not an official Civil Service title. He was credited with one year in his provisional position, and the remaining two positions were inapplicable. He was found to be lacking one year of applicable experience.

On appeal, McClean provides new descriptions for each of his positions by copying the required eperience and indicating which rules he was interpreting, verifying or applying.

CONCLUSION

N.J.A.C. 4A:4-2.3(b) provides that applicants shall meet all requirements specified in the open competitive examination announcement by the closing date.

In this matter, Agency Services correctly determined that the appellant was not eligible for the subject examination. It is noted that qualifying experience has the announced experience requirement as the primary focus of the position. That is, the announced experience should be the main duty of the listed position. Since the Senior Management Assistant title requires completion of a Bachelor's degree with a substitution clause, which permits additional experience in lieu of the college credits, as well as relevant experience, it is considered a professional title, and the announced experience requirement involves professional experience. The focus of the duties of a Senior Management Assistant is to assist in the coordination of management or administrative activities of an assigned unit or work area. The incumbents act as an assistant to Managers, not in a supportive or secretarial function, but rather, to relieve the Managers of detail-oriented and time-consuming professional tasks.

The appellant's one year of experience in his provisional position was accepted. His positions as Urban Planner and Senior Project Manager are inapplicable as the appellant was not performing complex administrative support work. There is no evidence in the appellant's application that he met the minimum qualifications for the title at the time of the appointment in March 2021. Additionally, the appellant did not list, or include any duties on his application for his provisional appointment as a Senior Management Assistant. Instead, he calls his position "Chief Policy and Compliance Officer," and he has indicated that he supervises two professional staff members and one support staff. Senior Management Assistant is not a supervisory title. At this point, it appears that the appellant's position may be misclassified. Therefore, the appellant and appointing authority should complete the attached Position Classification Questionnaire (PCQ) and submit it Agency Services within 30 days of the issuance date on this decision.

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 position undergo a classification 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 21^{ST} DAY OF SEPTEMBER, 2022

Dolores Gorczyca

Dolores Gorczyca Presiding Member Civil Service Commission

Inquiries Nicholas F. Angiulo

and Director

Correspondence Division of Appeals and Regulatory Affairs

Civil Service Commission Written Record Appeals Unit

P. O. Box 312

Trenton, New Jersey 08625-0312

Attachment

c: Alexander McClean

John Metro

Division of Agency Services

Records Center

POSITION CLASSIFICATION QUESTIONNAIRE NEW JERSEY CIVIL SERVICE COMMISSION DIVISION OF STATE & LOCAL OPERATIONS 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.					FOR CIVIL SERVICE COMMISSION USE S&LO LOG NO. EMPLOYEE ID # CSS REQUEST NO.	
5. OFFICIAL	TITLE OF POSITION		6. WORKING TIT	LE (If different)		
	N OF POSITION c location, Unit, Section, Division,	Institution, or Departmen	nt)			
'A. EMPLO'	YEE WORK OR HOME MAILING	ADDRESS		- 1 - 1	W.	
he work car	(DUTIES) PERFORMED - Descri n understand exactly what is done of the position and certified for acc	e. NOTE: If this is a vacar	nt position or a new po	sition request, the for	clear that persons ur m must be complete	nfamiliar witled by the
Percent of Time		Work (Du	ities) Performed			Order o
	×					

ITEM 8 CONTINUED

Percent of Time	Work (Duties) Performed	Order of Difficulty
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9. REGULAR SCHEDULE OF WORK HOURS					
DAY	FROM	TO	DAY	FROM	TO
Monday			Friday		
Tuesday		70	Saturday		
Wednesday			Sunday		
Thursday Length of Lunch Period				d	
Total Hours Worked Per Week					

9b. EXPLAIN ROTATION OF SHIFTS, IF ANY		

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QUESTIONNAIRE CONTINUED 10. TYPE OF SUPERVISION RECEIVED (Check One — See definitions on page 4) CLOSE LIMITED **GENERAL** OTHER (Explain) 11. Does this position supervise other employees? 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) YES (If yes, complete Items A thru E) NO Occasionally? Regularly? B. Responsible for the preparation of performance evaluations? C. Assign work? D. Review completed work of employees supervised? 12. CERTIFICATION I CERTIFY that I have read the instructions and the entries made above are my own and, to the best of my OF knowledge, are accurate and complete. **EMPLOYEE** DATE . . . 13. 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. DISAGREE with the employee's description of job duties, percentage of time, and order of difficulty. **COMMENTS:** Check here if continued on additional sheets. OFFICIAL TITLE **SIGNATURE** DATE (Working title if different)

14. STATEMENTS OF PROGRAM MAN	IAGER OR DIVISION DIRECTO	R
I AGREE with the statements of the immediate supervisor.	-	
I DISAGREE with the statements of the immediate supervisor.		
COMMENTS:		
.a		
3	Check here if continued	on additional sheets.
OFFICIAL TITLE (Working title if different)	SIGNATURE	DATE
15A. STATE APPOINTING AUTHORITY	REPRESENTATIVE SIGNATULE	RE
In State service, the agency representative's signature certifications of the service of the ser		
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.	
I DISAGREE with the statements of the immediate supervisor and pro-	gram manager or division director.	
COMMENTS:		
a Š		
: 5 :	Check here if continued	on additional sheets.

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 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 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 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.			
l 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 cookie 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

ITEM 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.