



Specialist Health Specialist, Habilitation Plan Coordinator, Behavior Modification Program Technician, and Kiddie Camp Director. Official records indicate that the appellant was an Instructor Counselor for a portion of the time she indicated she was a Behavior Modification Program Technician. The appellant provided a resume with additional positions, however, she did not provide hours worked per week. As such, those positions could not be quantified. She indicated differing months and years of service for her position as Kiddie Camp Director on the application, June 1999 to October 2001, and on her resume, March 2000 to June 2001. The appellant was credited with at least three years of general experience in her positions as Habilitation Plan Coordinator and Behavior Modification Program Technician, and she was found to be lacking one year of applicable supervisory experience.

On appeal, the appellant states that she has a Master's degree in Public Administration and more than five years of experience in her provisional position, as a Quality Assurance Specialist Health Specialist, and as a Camp Director. She explains her duties for each of these positions.

### 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.

The appellant meets the educational and general experience requirements for the examination and was found to be lacking one year of supervisory experience. The only positions for which the appellant indicated she supervised was as a Kiddie Camp Director and in her provisional position. On her current application, and on two previously submitted applications, the appellant indicated that she supervised five staff in managing daily activities for kindergarten children. On appeal, the appellant claims that the program was for children both with and without developmental disabilities. Nonetheless, she did not indicate that this was program for children with developmental disabilities until she received notification of her ineligibility for the subject examination. On all of the applications in which she included this position, the appellant did not include this element in the description of duties. Based on all of the documents submitted regarding this position, it does not meet the announced requirements. That is, the primary focus was a program for all kindergarteners, and not only for those with developmental disabilities. The experience in this position is not applicable.

On her application, for the duties of her provisional position the appellant listed her duties as:

Develop changes for unit policies and practices. Coordinates staff trainings and agency trainings. Organizes provider meetings for compliance. Coordinates and evaluates work of professional staff.

Interpret rules and federal and state standards. Ensure overall compliance with standards. Knowledge of service delivery and service plans. Evaluate agency for compliance with standards. Supervise implementation of service plans and state and federal rules. Organizing and conducting staff interviews. Conduct staff meetings monthly. Implement directives and policies.

This experience clearly involves supervision. However, the manner in which these duties are described is closer to quality assurance of a program rather than delivery of a program providing education, habilitative, or social services in programs for people with developmental disabilities. On appeal, the appellant states:

In my current position, I actively supervise 5 DDD staff and oversee programming for DDD Medicaid approved service providers. Since my appointment, I manage staff training and performance, performance measures for service delivery programming for people with autism and other developmental disabilities, oversee the implementation of DDD programs and service requirements as well as monitoring and implementing specialized programming for people with autism, Down's syndrome, and other genetic disorders and developmental disabilities.

Indeed, this additional description does not support that the primary focus of the position involves program delivery. Instead, it validates that quality control of programs is the primary focus. As a result, the appellant lacks one year of applicable supervisory experience, and it appears that the appellant's position may be misclassified. Accordingly, the appellant should provide a duties questionnaire (enclosed) to Agency Services detailing the duties of the position within 30 days of the issuance of this decision, so that an appropriate provisional title can be assigned.

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 21<sup>ST</sup> DAY OF SEPTEMBER, 2022

*Dolores Gorczyca*

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Dolores Gorczyca  
Presiding Member  
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

Enclosure

c: Erika Turner-Byfield  
Lisa Gaffney  
Division of Agency Services  
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 #

**INCOMPLETE REQUESTS WILL BE RETURNED.**

CSS  
REQUEST NO.

1. NAME OF EMPLOYEE (IF ANY)	2. ANNUAL SALARY (Current)	3. POSITION NO.	4. CODE (Range and Title)
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5. OFFICIAL CIVIL SERVICE TITLE	6. WORKING TITLE (If different)
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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 - - - - -		
Total Hours Worked Per Week - - - - -					

10 A. EXPLAIN ROTATION OF SHIFTS, IF ANY

**QUESTIONNAIRE CONTINUED**

<p>11. TYPE OF SUPERVISION RECEIVED (Check One — See definitions on page 5)</p> <p> <input type="checkbox"/> CLOSE                    <input type="checkbox"/> LIMITED                    <input type="checkbox"/> GENERAL                    <input type="checkbox"/> OTHER (Explain) _____             </p>		
<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>    	
<p><b>13. CERTIFICATION OF EMPLOYEE</b></p> <p></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>	

**14. STATEMENTS OF IMMEDIATE SUPERVISOR**

<p>A. Comments on Statements of Employee</p> <p style="text-align: right;"><input type="checkbox"/> Check here if continued on additional sheets.</p>		
<p>B. What do you consider the most important duties of this position?</p> <p style="text-align: right;"><input type="checkbox"/> Check here if continued on additional sheets.</p>		
<p>C. List those knowledges and abilities necessary for standard performance of the job to be done by an incumbent of this position</p> <p style="text-align: right;"><input type="checkbox"/> Check here if continued on additional sheets.</p>		
<p>D. I <input type="checkbox"/> AGREE    <input type="checkbox"/> DISAGREE with the employee's description of job duties.</p> <p>E. I <input type="checkbox"/> AGREE    <input type="checkbox"/> DISAGREE with the employee's cited percentage of time.</p> <p>F. I <input type="checkbox"/> AGREE    <input type="checkbox"/> DISAGREE with the title proposed by the employee.</p> <p>If you disagree with any of the above-stated factors, explain the nature of the disagreement here:</p> <p style="text-align: right;"><input type="checkbox"/> Check here if continued on additional sheets.</p>		
<p>OFFICIAL CIVIL SERVICE TITLE <i>(Working title if different)</i></p>	<p>SIGNATURE</p>	<p>DATE</p>

**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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