

STATE OF NEW JERSEY

| In the Matter of Erika Turner-Byfield, Supervising Community Program Specialist (S0405D), Statewide CSC Docket No. 2023-10 | FINAL ADMINISTRATIVE ACTION OF THE CIVIL SERVICE COMMISSION Examination Appeal | |
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| | ISSUED: September 21, 2022 (RE) | |

Erika Turner-Byfield appeals the decision of the Division of Agency Services (Agency Services) which found that she did not meet the experience requirements for the open competitive examination for Supervising Community Program Specialist (S0405D), Statewide.

The subject examination announcement was issued with a closing date of April 21, 2022. The examination was open to residents of New Jersey who met the These requirements included graduation from an announced requirements. accredited college or university with a Bachelor's degree, and four years of program delivery experience providing education, habilitative, or social services in programs for people with developmental disabilities, one year of which shall have been in a supervisory capacity. Applicants who do not possess the required Bachelor's degree could substitute additional experience as indicated on a year for year basis with 30 semester hour credits being equal to one year of experience. A Master's degree in Social Work, Public or Business Administration, Education, Psychology, Nursing or other related areas could be substituted for one year of non-supervisory experience. The appellant was determined to be ineligible for being below the minimum requirements in experience. Thirty-one candidates were admitted and the examination has not vet been held.

On her application, the appellant indicated possession of a Bachelor's degree, and a Master's degree in Public Administration, which could be substituted for one year of non-supervisory experience. She listed five positions on her application: provisional Supervising Community Program Specialist, Quality Assurance 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 Based on all of the documents submitted regarding this position, it does of duties. 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 monitory 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 21ST DAY OF SEPTEMBER, 2022

Dolores Gorczyca

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 | | | | | IMISSION USE | |
|---|--|-------------------------------------|---------------------|--------------------|------------------|----------------|------------------------|
| 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 # | | |
| | Supervisor, the Program Manager or Division Director and the Appointing Authority Representative. CSS NCOMPLETE REQUESTS WILL BE RETURNED. REQUEST NO. | | | | | | |
| 1. NAME O | OF EMPLOYEE (IF ANY) 2. ANNUAL SALARY (Current) 3. POSITION NO. 4. CODE (Range and T | | | e and Title) | | | |
| 5. OFFICIA | L CIVIL SERVICE TITLE | | 6. WORKING TITL | E (If different) | | | |
| | DN OF POSITION c location, Unit, Section, Division, Institution, c | or Department) | | | | | |
| 7A. EMPLC | YEE WORK OR HOME MAILING ADDRESS | | | | | | |
| 8. REQUES | STED TITLE (This is a required field for appeals.) | | | | | | |
| the work ca than your and certifie | (DUTIES) PERFORMED - Describe in detail t in understand exactly what is done. You MUST current title. NOTE: If this is a vacant position d for accuracy by the Appointing Authority Rep | also explain h or a new position | ow the duties at is | sue are more appro | priate | to the request | ted title |
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| 10. REGULAR SCHEDULE OF WORK HOURS | | | | | |
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| DAY | FROM | TO | DAY | FROM | ТО |
| Monday | | | Friday | | |
| Tuesday | | | Saturday | | |
| Wednesday | | | Sunday | | |
| Thursday Length of Lunch Period | | | | | |
| Total Hours Worked Per Week | | | | | |

DPF-44S Page 2 (Revised 12-06-11)

QUESTIONNAIRE CONTINUED

| CLOSE LIMITED GENERAL OTHER (Explain) 12. Does this position supervise other employees? E. List the names and titles of the employees supervised directly. YES (If yes, complete Items A thru E) NO | |
|---|--------|
| (If the employee experience experience experience experience experience experience of the unite) | |
| A. Occasionally? [or] Regularly? B. Responsible for the preparation of performance YES NO evaluations? C. Assign work? YES NO | |
| D. Review completed work of employees supervised? | |
| 13. CERTIFICATION 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. EMPLOYEE SIGNATURE | |
| 14. STATEMENTS OF IMMEDIATE SUPERVISOR | |
| A. Comments on Statements of Employee | |
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| Check here if continued on additional s | neets. |
| B. What do you consider the most important duties of this position? | hanta |
| C List three knowledges and shilling recesses for standard references of the job to be deep by an insurthert of this resilies | ieets. |
| C. List those knowledges and abilities necessary for standard performance of the job to be done by an incumbent of this position | |
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| Check here if continued on additional s | neets. |
| 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: | |
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| OFFICIAL CIVIL SERVICE TITLE DATE | heets. |

| 15. ST | TATEMENTS OF PROGRAM MAI | NAGER OR DIVIS | SION DIRECTOR | ۲ |
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| | DISAGREE with the employee's description of job | duties. | 24 | |
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| * 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 | | Check here if continued (| on additional sheets. |
| OFFICIAL CIVIL SERVICE | nt performance evaluation form. | SIGNATURE | | DATE |
| (Working title if different) | | ORMAIONE | | DATE |
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| 16 5 | TATE APPOINTING AUTHORITY | REDRESENTAT | | = |
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| In State service | the agency representative's signature certifies the | information in accordance | e with 4A:3-3.9(c)1 through | ugh 3. |
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| | byee's most recent performance evaluation and an | organizational chart are a | ittached. | |
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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 | | |
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| 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. Prepare registers of all ctaims 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.