

REQUEST TO REVISE CLASSIFICATION SPECIFICATION/EXAMINATION

I. Authority Submitting Request:

(Name of authority submitting request – DER, Advisory Committee, employee group representative, etc.)

(Institution or Representative Group)

(Date)

II. Action Requested (Check one or more of the following):

- Delete classification
- Add new classification or classification series
- Revise classification examination
- Revise classification specification
- Revise promotional line
- Other (specify)

If applicable, list the classifications to be affected by proposed revision:

III. Explanation of Need for Proposed Action

IV. Supplemental Information

A. Positions potentially affected by requested action:

Number of Positions

Classification

B. Human Resource Department staff contacted:

1. _____
(individual)

(position)

(institution or agency)

2. _____
(individual)

(position)

(institution or agency)

C. Departmental officials contacted regarding the proposal:

1. _____
(individual)

(position)

(department)

3. _____
(individual)

(position)

(department)

2. _____
(individual)

(position)

(department)

4. _____
(individual)

(position)

(department)

D. Union Representatives contacted regarding the proposal:

1. _____ (individual) _____ (position) _____ (bargaining unit)	2. _____ (individual) _____ (position) _____ (bargaining unit)
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E. Other State Universities Civil Service System employers contacted regarding the proposal:

1. _____ (individual) _____ (position) _____ (employer)	2. _____ (individual) _____ (position) _____ (employer)
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F. Outside institutions or agencies contacted regarding the proposal:

1. _____ (individual) _____ (position) _____ (institution or agency)	2. _____ (individual) _____ (position) _____ (institution or agency)
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G. Additional Information and Supporting Documentation

(Please provide detailed information regarding the proposed action, which may include specific information on any component of the classification specification or examination such as title, work description/function/duties, minimum acceptable qualifications, credential requirements, probationary period, or any specific test component.)

Insert letterhead

**INSTRUCTIONS FOR COMPLETION OF FORM 1.2a -
REQUEST TO REVISE CLASSIFICATION SPECIFICATIONS/EXAMINATIONS**

The following instructions are intended to assist in the preparation and submission of requests to revise classification specifications and/or examinations.

General Instructions:

1. Complete all parts of the form. If some aspects are not applicable to your request, write "N/A" in that section.
2. Answer all pertinent questions and give special attention to providing a full explanation of the request and the specific details of the action to be taken.

Specific Instructions:

Section I - Authority Submitting Request

The signature of the DER, member(s) of the State Universities Civil Service Advisory Committee, other designated advisory groups or union representatives, shall be submitted with the proposal to the University System Office.

Section II - Actions Requested

Please check one or more of the appropriate actions to be taken, and list the classifications affected if applicable.

Section III - Explanation of Need for Proposed Action

Provide a comprehensive explanation and justification for proposed action, such as when new technology is available that greatly impacts the performance of duties for a classification or when a new certification has been issued for applicants to qualify for a classification.

Section IV- Supplemental Information

- A. Please provide information on the number of positions potentially affected by this change and the current classification designation of those positions.
- B. List human resource department staff who were consulted in preparation of this request.
- C. List departmental and union representatives who were consulted in preparation of this request.
- D. List union representatives who were consulted in preparation of this request.
- E. List other institutions or agencies in the State Universities Civil Service System who were contacted in preparation of this request.
- F. List outside institutions, agencies, or persons (such as Illinois Department of Professional Regulation, Illinois Department of Public Health, accrediting agencies, or industries) who were consulted in preparation of request.
- G. Most importantly, please detail every specific component of the action to be taken. Attach articles from occupational journals and other publications that may help to explain the request more fully.