

Instructions for Requesting Selective Certification Requirements
(Non-delegated)

1. Coverage

All positions requiring unique knowledge, skills and abilities deemed critical for successful performance of the work of the position, where the special requirements are not covered by the minimum qualification requirements of the class or by other specific selective certification procedures.

2. Procedures

a. Employing Department Preparation and Submittal of the Request

Appropriate program personnel shall be provided a copy of HRD Policies and Procedures 200.005, Establishment of Selective Certification Requirements and these instructions, and shall provide the information required in Parts I through V of the request.

The employing department's personnel office shall review the information to insure that the information is correct, complete and consistent with the official position description and that the need for the special requirement(s) is a genuine job requirement, supported by business necessity, and that adequate supporting information is provided.

The departmental personnel officer or authorized representative shall certify to the accuracy of the information provided and the need for the special requirement, and submit two (2) copies of the request to the Employee Classification and Compensation Division (ECCD), HRD.

b. Establishment and Distribution of an Approved Selective Certification Requirement (SCR)

If appropriate, ECCD will prepare and issue the SCR and annotate the appropriate position records in HRMS in accordance with established procedures.

Two (2) copies of the approved SCR will be transmitted to the Employee Staffing Division, HRD for use in recruiting and screening applicants for the position.

One copy of the approved SCR and supporting request will be transmitted to the originating department

One copy will be attached to the official position description, and one copy will be kept in ECCD's reference file.

3. Duration

a. Reallocations Under Delegation Procedures

When a position is reallocated via HRD-1 for recruitment purposes, the SCR will remain

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in effect. However, the requirements established in the SCR are applicable only to the class/level for which they were established.

b. Other Reallocations/Redescriptions

When a position is redescribed, the SCR is automatically cancelled unless the redescription is accompanied by a current request for selective certification.

c. Cancellations

Departments may request cancellation of any selective certification requirement by letter to ECCD, explaining the change in circumstances. ECCD will approve the cancellation by endorsement and inform ESD that the SCR is cancelled. If a revised position description is submitted, it automatically cancels the SCR.

4. Employing Department Responsibilities

- a. Existing SCR's and supporting request information shall be reviewed by the employing department prior to filling the position to ensure that the tasks and other circumstances have not changed and still support the requirement established in the SCR.
- b. Existing SCR's shall be applied by the employing department in screening applications for internal employee movements.
- c. Departments must post the phrase "SCR approved (date)" or "SCR requested (date)" on any requisition for eligibles submitted to ESD.

Attachment: Format for Requesting Selective Certification Requirements (non-delegated)

Format for Requesting Selective Certification Requirements
(Non-Delegated)

Requests for Selective Certification (non-delegated) shall be submitted as a memorandum to the Employee Classification and Compensation Division (ECCD), HRD.

I. Position Identification

Indicate the position number, class title, department and division.

II. Specialized Duties and Responsibilities

Identify (from the position description) and list the specific duties and/or responsibilities on which the request for selective certification is based. If the duties and responsibilities in the position description are stated only in general terms, add a more detailed statement of the specific duties and/or responsibilities involved. Indicate the percentage(s) of time spent in these duties.

III. Knowledge, Skills and Abilities

A. Analyze and discuss in detail the specific minimum knowledge, skills and /or abilities required to satisfactorily perform each of the duties and/or responsibilities specified (in II) above.

B. For the knowledge, skills and/or abilities identified in (A) above, indicate those minimum knowledge, skills and/or abilities you believe the candidate must possess at the time of hire.

C. Indicate how long it would normally take to learn the knowledge, skills and abilities identified in (B) through on-the-job training and/or formal training (if available) and the method of training.

IV. Specialized Experience and Education, Certification and/or Licensure

Indicate the specific, more specialized, experience and/or education deemed required. (Note: the specific experience and education must be consistent with Section III above, and with the general kind and duration of the experience required in the minimum qualification requirements for the class.)

A. Experience

1. Based on the knowledge, skills and/or abilities identified in III B, above, specify the kind(s) of experience required and the minimum number of months/years required. If more than one kind of experience is required, indicate the length for each kind.

2. If education can be substituted for the required experience, specify the minimum kind and amount. If education cannot be substituted, so indicate.

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B. Education

1. Based on the knowledge, skills and/or abilities identified in III B, above, specify the minimum kind and length of education required and the kind of institution providing acceptable education.
2. If specific coursework is required, indicate the nature of coursework and number of credit hours required.
3. If experience can be substituted for the required education, specify the minimum amount and kind which is acceptable. If experience cannot be substituted, so indicate.

C. Certification/Licensure

If certification/licensure is required in order to perform the work of the position, indicate the kind of certification/licensure required and the legal authority that mandates the certification/licensure.

V. Program Resource

Give the name, official title and phone number of the person who can be contacted if additional information is needed.

VI. Departmental Certification and Approval

Complete and sign statement as follows:

"I hereby certify that the information provided is accurate and the supplemental knowledge, skills and abilities are an essential requirement for the performance of the work of this position."

Department Head or Authorized Representative

Date