

**Request for SCS Director Approval**

**of Detail to Special Duty**

Rev. 1/1/2025

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| **SCS Rule 1.31.1 states that “Detail to Special Duty” means the temporary assignment of an employee to perform the duties and responsibilities of a position other than the one to which he is regularly assigned, without prejudice to his rights in and to his regular position.**  **In accordance with SCS Rules and/or *Policy Standards for Details to Special Duty*, prior State Civil Service Director approval shall be required for the following reasons:**  **(Check All that Apply)**  **1. When detailing a permanent/probational classified employee who does not meet the State Civil Service minimum qualifications and/or testing requirements.**  **(*SCS Policy Standards for Details to Special Duty)***    **2. When detailing a probational classified employee.**  **(*SCS Policy Standards for Details to Special Duty)***  **3. When there is a need to detail an employee in excess of one (1) year.**  **(S*CS Rule 23.12(b))*** | | | | | | | | | | | | | | | | | |
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| REQUEST DATE | | | AGENCY NAME | | | | | | | | | | | | | PERSONNEL AREA CODE | |
| EMPLOYEE NAME | | | | | | | | | EMPLOYEE PERSONNEL NUMBER | | | | | | | | |
| ORIGINAL POSITION NUMBER | | | | POSITION PAY LEVEL | | | | | ORIGINAL POSITION JOB TITLE | | | | | | | | |
| DETAIL POSITION NUMBER | | | | POSITION PAY LEVEL | | | | | DETAIL POSITION JOB TITLE | | | | | | | | |
| EMPLOYEE STATUS  PROBATIONAL  PERMANENT | | | | | | | | | | IF PROBATIONAL, PERMANENT STATUS ELIGIBILITY DATE | | | | | | | |
| **FOR INITIAL (PRIOR APPROVAL) DETAILS ONLY** | | | | | | | | | | | | | | | | | |
| REQUESTED DETAIL BEGIN DATE | | | | | | | | | | REQUESTED DETAIL END DATE | | | | | | | |
| **FOR DETAIL EXTENSIONS ONLY** | | | | | | | | | | | | | | | | | |
| ORIGINAL BEGIN DATE | | | | | | | PROPOSED EXTENSION START DATE | | | | | | | PROPOSED EXTENSION END DATE | | | |
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| **Required Information from Agency** | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **EMPLOYEE INFORMATION**  All information requested below must be answered ***thoroughly*** in order for processing to be completed. | | | | | | | **Does the employee meet the SCS minimum qualifications for the detail job?** | | Yes No | | | | | **If “No”, provide the date on which the employee will qualify:** | | | | | | |  | | | | | | | **Does the employee meet the testing requirements (*if applicable*) for the detail job?** | | Yes No N/A | | | | | **If “No”, which test exemption under SCS Rule 22.8 is being used?** | | | | | | |  | | | | | | | **Is there an active DPRL for positions with this job title?** | | Yes No | | | | | **Is the employee’s current CPM rating**  ***Needs Improvement* or *Unsuccessful*?** | | Yes No | | | | | **Has the position been posted by the agency?** | | Yes No | | | | | **If “Yes”, please provide job posting information below:** | | | | | | | **Job Posting/Exam Plan #** | **Date of Posting** | | **# of Applicants on Eligible List** | **# of Applicants Interviewed** | **# of Job**  **Offers Made** | |  |  | |  |  |  | |  |  | |  |  |  | |  |  | |  |  |  | | | | | | | | | | | | | | | | | | |
| **1** | **Indicate the reason for the detail.** | | | | | | | | | | | | | | | | |
|  | The regular incumbent is:  **On extended leave**  **Detailed to another classified position**  **On a leave of absence to serve in an unclassified position**  *If so, indicate the name, job title, position number, and length of appointment for the regular incumbent below:* | | | | | | | | | | | | | | | |
| Employee Name | | | | | | Temporary Job Title | | | | | Temporary Position # | | | | Length of Temporary Appointment |
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|  | Pending filling a position in a regular manner. This would include the time necessary to recruit and interview candidates. | | | | | | | | | | | | | | | |
|  | For a trial period to determine if an employee is suited for the position, for a trial period prior to any promotion, or for training purposes due to a pending retirement. | | | | | | | | | | | | | | | |
|  | Pending the reclassification of the position. | | | | | | | | | | | | | | | |
|  | The detail is to a job title that can be filled only by temporary appointment. | | | | | | | | | | | | | | | |
|  | The detail is to a position for a period of time to complete a special project. | | | | | | | | | | | | | | | |
| **If the detail is not for one of the above reasons, explain the reason below.** | | | | | | | | | | | | | | | | |
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| **2** | **Explain why this employee is being selected for this detail. (Desired skills, qualifications, experience and/or justification if other employees at your agency qualify)** | | | | | | | | | | | | | | | | |
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| **3** | **Are there other permanent classified employees at your agency who meet the SCS minimum qualifications and/or testing requirements for this position? If “Yes”, please be sure to provide explanation in question #2.** | | | | | | | | | | | | | | | | |
| **Yes** | | | |  | | | | | | **No** | | | |  | | |
| **If “Yes”, please provide justification as to why this employee is being selected over the other employees.** | | | | | | | | | | | | | | | | |
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| **4** | **Provide related details that impact this position:** | | | | | | | | | | | | | | | | |
| **Employee Name:** | | | | | | **B-Own Position Title & Position #:** | | | | | | **Detailed Position Title & Position #:** | | | | | |
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| **Agency Contact Information** | | |
| **Signature of Appointing Authority or Designee** | | **Date** |
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| **Name of Appointing Authority or Designee** | **Title of Signee** | |
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| **Human Resources Contact Information: Name, E-mail, Phone Number (including area code)** | | |
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| **FOR CIVIL SERVICE USE ONLY** | | |
| **Signature of State Civil Service Director or Director’s Designee** | **Approved**  **Not Approved** | |
|  | **Detail to Special Duty Appointment Dates:** | |
| **FROM** | **TO** |
| **SCS Comments:** | | |
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