

**Request for SCS Director Approval**

**of Detail to Special Duty**

Rev. 6/2020

|  |
| --- |
| **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 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))***[ ]  **4. When there is a need to detail an employee who received an official evaluation of “Needs  Improvement/Unsuccessful”.** ***(SCS Rule 10.8(b)2)*** |
|  |
| REQUEST DATE      | AGENCY NAME      | PERSONNEL AREA CODE      |
| EMPLOYEE NAME      | EMPLOYEE PERSONNEL NUMBER      |
| ORIGINAL POSITION JOB TITLE      | ORIGINAL POSITION NUMBER      |
| DETAIL POSITION JOB TITLE      | DETAIL POSITION NUMBER      |
| EMPLOYEE STATUS[ ]  PROBATIONAL [ ]  PERMANENT | IF PROBATIONAL, PERMANENT STATUS ELGIBILITY 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      |
|  |
| **Required Information from Agency** |
| **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 |
|       |       |       |       |
| [ ]  | 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.** |
|       |
| **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)** |
|        |
| **3** | **Does the employee meet the SCS minimum qualifications for the job title of the proposed detail position?** |
| **Yes** | [ ]  | **No** | [ ]  |
| **If “No”, provide the date on which the employee will qualify.** |
|       |
| **4** | **Does the employee possess a passing test score, if required, as of the proposed effective date of the detail, for the job title of the proposed detail position?** |
| **Yes** | [ ]  | **No** | [ ]  |
| **If “No”, which test exemption under SCS Rule 22.8 is being used?** |
|       |
| **5** | **Does the employee have a current official PES evaluation for the most recent performance year?** |
| **Yes** | [ ]  | **No** | [ ]  |
| **If “Yes”, please provide the employee’s last PES evaluation rating as of the proposed effective date of the detail.** |
|       |
| **6** | **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.** |
|       |
| **7** | **Is there an active Department Preferred Reemployment List (DPRL) for positions with this job title?** |
| **Yes** | [ ]  | **No** | [ ]  |
| **If “Yes”, is the employee being selected for this detail the first person on the DPRL?** |
| **Yes** | [ ]  | **No** | [ ]  |
| **If “No”, provide justification for selecting this employee over the employee whose name appears at the top of the list. Note: If this position is considered a “true vacancy,” (i.e., not encumbered by another employee), SCS Commission approval is required to skip individuals on the DPRL.** |
|       |

|  |
| --- |
| **Agency Contact Information** |
| **Signature of Appointing Authority or Designee** | **Date** |
|  |  |
| **Name of Appointing Authority or Designee** | **Title of Signee** |
|  |  |
| **Human Resources Contact Information: Name, E-mail, Phone Number (including area code)** |
|  |

|  |
| --- |
| **FOR CIVIL SERVICE USE ONLY** |
| **Signature of State Civil Service Director or Director’s Designee** | **Approved Detail to Special Duty Appointment Dates** |
|  | **FROM** | **TO** |
| **SCS Comments** |
|  |
|  |
|  |
|  |
|  |