

**Request for SCS Director Approval**

**of Detail to Special Duty**

Rev. 6/2020

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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 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)*** | | | | | | | | | | | | | | |
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| 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 | | | | | | | |
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| **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** | | | | | | | | | | | | | | |
| **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** | **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.** | | | | | | | | | | | | | |
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| **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?** | | | | | | | | | | | | | |
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| **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.** | | | | | | | | | | | | | |
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| **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.** | | | | | | | | | | | | | |
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| **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.** | | | | | | | | | | | | | |
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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 Detail to Special Duty Appointment Dates** | |
|  | **FROM** | **TO** |
| **SCS Comments** | | |
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