



STATE OF NEW JERSEY

FINAL ADMINISTRATIVE ACTION
OF THE
CIVIL SERVICE COMMISSION

Examination Appeal

In the Matter of Karinne Seferian,
Administrative Secretary/Office
Services Manager (C0502V),
Hudson County

CSC Docket No. 2019-1191

ISSUED: January 22, 2019 (RE)

Karinne Seferian appeals the determination of the Division of Agency Services (Agency Services) which found that she did not meet the experience requirements for the open-competitive examination for the dual title Administrative Secretary/Office Services Manager (C0502V), Hudson County. A dual title is a title that combines two separate titles into one classification; applicants need to meet the minimum requirements of both titles in order to be declared eligible.

The subject examination announcement was open to residents of Hudson County who met the specific requirements as of the April 23, 2018 closing date. The requirement for Administrative Secretary included five years of experience in the capacity of a secretary to an executive or administrative official in a public or private organization. Successful completion of a two year program in secretarial science at an accredited college or university could be substituted for two years of this experience. The requirement for Office Services Manager included five years of experience in the supervision of two or more office services functions involving records management, printing, or duplication services, mail and messenger services, equipment maintenance and repair, procurement and supply, or other related functions in support of office operations and services. Five years of experience in the analysis, evaluation, development, and improvement of office practices, methods, and procedures could be substituted for this experience requirement. Candidates were required to meet both requirements to be eligible, and five applicants appear on the eligible list, which has been certified once but no appointments have yet been made.

On her application, the appellant indicated that she possessed a Bachelor's degree, and she listed five positions: provisional Administrative Secretary/Office Services Manager, Sales Associate/Customer Relations with OHM International, Inc., Administrative Assistant with DeMase Warehouse Systems, Inc., Accounts Receivable/Payable and Payroll Specialist with Facility Supply Group, Inc., and Customer Service & Delivery Schedule Supervisor with Continental Trading and Hardware. She was credited with six months of experience for the Administrative Secretary requirement in the third position. Thus, the appellant was found to be lacking four years, six month of Administrative Secretary experience, and five years of Office Services Manager experience.

On appeal, the appellant indicates that she has an Associate's degree in Business, a Bachelor's degree in Business Management, and 13 years of experience. She provides a listing of her knowledge and abilities. She submits copies of various documents including transcripts, certificates, diplomas, a resume, and references.

CONCLUSION

N.J.A.C. 4A:4-2.3(b) provides that applicants shall meet all requirements specified in the open competitive examination announcement by the closing date.

In order for experience to be considered applicable, it must have as its primary focus full-time responsibilities in the areas required in the announcement. *See In the Matter of Bashkim Vlashi* (MSB, decided June 9, 2004). The appellant was credited with six months of experience for Administrative Secretary based on her position as an Administrative Assistant in the private sector. However, she was not credited with any applicable experience for her provisional service in the title under test. She described her duties in that position as:

Provides high-level administrative support by conducting research, preparing statistical reports, handling information requests through the County, performing clerical functions such as creating correspondence, arranging conference calls/webinars, and scheduling meetings; the administrative coordinator also accesses various state and County Databases and uses cloud storage technology to organize and disseminate information quickly and effectively within the office and with our partners and vendors.

A review of these duties indicates that the appellant is not the performing duties of an Administrative Secretary/Office Services Manager. An incumbent in that title assists an administrative official of a department or autonomous government agency at a level no lower than department head, by performing varied, complex administrative secretarial, advanced clerical and program support functions of a general or specialized nature; relieves the administrative official of

technical, as well as general administrative details; may supervise clerical operations and staff AND directs, plans, and coordinates a variety of office support services and supervises employees engaged in providing these services. Those support services include records management, printing or duplication services, mail and messenger services, equipment maintenance and repair, procurement and supply, or other related functions in support of office operations and services. The appellant indicated that she conducts research, prepares reports and correspondence, disseminates information, arranges conference calls/webinars, and schedules meetings. She did not indicate that her duties were in the capacity of a secretary to an executive or administrative official, and there were no Office Services Manager duties included in her description. On appeal, the appellant adds that she assists executives "in private organizations," and she copies the requirements, stating that she has performed these duties in her 13 years of experience. This does not elucidate the duties of her provisional position, which are inapplicable.

Her remaining positions are inapplicable, as these positions were in sales, bookkeeping, and customer service. Although Agency Services credited her experience as an Administrative Assistant with DeMase Warehouse Systems, Inc., the appellant performed work involving carrying out instructions, answering questions, clerical duties, and tracking and compiling documents. These duties included appointment scheduling and travel arrangements. However, this was not a position that met the experience requirement for Administrative Secretary, as secretarial duties were not the primary focus. Thus, the appellant lacks the required experience for both titles. Also, given the variance between her duties and her provisional title, Agency Services should perform a classification review of this position.

An independent review of all material presented indicates that the decision of the Agency Services, that the appellant did not meet the announced requirements for eligibility by the closing date, is amply supported by the record. The appellant provides no basis to disturb this decision. Thus, the appellant has failed to support her burden of proof in this matter.

ORDER

Therefore, it is ordered that this appeal be denied. It is further ordered that the appointing authority and the appellant submit the attached duties questionnaire to Agency Services detailing the duties of the position, along with a completed examination application, within 30 days of the issuance of this decision so that an appropriate provisional title can be assigned and a pre-qualification determination can be made. Should the appellant be found not eligible for the new provisional appointment, she should be removed.

This is the final administrative determination in this matter. Any further review should be pursued in a judicial forum.

DECISION RENDERED BY THE
CIVIL SERVICE COMMISSION ON
THE 16th DAY OF JANUARY, 2019



Deirdré L. Webster Cobb
Chairperson
Civil Service Commission

Inquiries
and
Correspondence

Christopher S. Myers
Director
Division of Appeals and Regulatory Affairs
Civil Service Commission
Written Record Appeals Unit
P. O. Box 312
Trenton, New Jersey 08625-0312

Attachment

c: Karinne Seferian
Elinor Gibney
Kelly Glenn
Records Center

NEW JERSEY CIVIL SERVICE COMMISSION DIVISION OF STATE & LOCAL OPERATIONS

S&LO
LOG NO

EMPLOYEE ID #

CS5
REQUEST NO.

1. NAME OF EMPLOYEE (IF ANY)	2. ANNUAL SALARY (Current)	3. POSITION NO.	4. CODE (Range and Title)
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5. OFFICIAL TITLE OF POSITION	6. WORKING TITLE (If different)
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7. LOCATION OF POSITION
(Geographic location, Unit, Section, Division, Institution, or Department)

7A. EMPLOYEE WORK OR HOME MAILING ADDRESS

8. **WORK (DUTIES) PERFORMED** - Describe in detail the work required of this position. Make descriptions so clear that persons unfamiliar with the work can understand exactly what is done. **NOTE:** If this is a vacant position or a new position request, the form must be completed by the supervisor of the position and certified for accuracy by the Appointing Authority Representative.

Percent of Time	Work (Duties) Performed	Order of Difficulty

ITEM 8 CONTINUED

Percent of Time	Work (Duties) Performed	Order of Difficulty

9. REGULAR SCHEDULE OF WORK HOURS

DAY	FROM	TO	DAY	FROM	TO
Monday			Friday		
Tuesday			Saturday		
Wednesday			Sunday		
Thursday			Length of Lunch Period _ _ _ _		
Total Hours Worked Per Week _ _ _ _ _					

9b. EXPLAIN ROTATION OF SHIFTS, IF ANY



QUESTIONNAIRE CONTINUED

10. TYPE OF SUPERVISION RECEIVED (Check One — See definitions on page 4)

☐ CLOSE ☐ LIMITED ☐ GENERAL ☐ OTHER (Explain) _____

11. Does this position supervise other employees?

☐ YES (If yes, complete Items A thru E) ☐ NO

A. ☐ Occasionally? [or] ☐ Regularly?

B. Responsible for the preparation of performance evaluations? ☐ YES ☐ NO

C. Assign work? ☐ YES ☐ NO

D. Review completed work of employees supervised? ☐ YES ☐ NO

E. List the names and titles of the employees supervised directly.

(If the employees supervised comprise one or more complete units, include the names of the units)

12. CERTIFICATION OF EMPLOYEE



I CERTIFY that I have read the instructions and the entries made above are my own and, to the best of my knowledge, are accurate and complete.

SIGNATURE _____ DATE _____

13. STATEMENTS OF IMMEDIATE SUPERVISOR

A. Comments on Statements of Employee

☐ Check here if continued on additional sheets.

B. What do you consider the most important duties of this position?

☐ Check here if continued on additional sheets.

C. List those knowledges and abilities necessary for standard performance of the job to be done by an incumbent of this position

☐ Check here if continued on additional sheets.

D. I ☐ AGREE ☐ DISAGREE with the employee's description of job duties, percentage of time, and order of difficulty.

COMMENTS:

☐ Check here if continued on additional sheets.

OFFICIAL TITLE
(Working title if different)

SIGNATURE

DATE

14. STATEMENTS OF PROGRAM MANAGER OR DIVISION DIRECTOR

- I ☐ AGREE with the statements of the immediate supervisor.
- I ☐ DISAGREE with the statements of the immediate supervisor.

COMMENTS:

☐ Check here if continued on additional sheets.

OFFICIAL TITLE
(Working title if different)

SIGNATURE

DATE

15A. STATE APPOINTING AUTHORITY REPRESENTATIVE SIGNATURE

 In State service, the agency representative's signature certifies the information in accordance with 4A:3-3.9(c)1. 

OFFICIAL TITLE
(Working title if different)

SIGNATURE

DATE

15B. LOCAL APPOINTING AUTHORITY REPRESENTATIVE SIGNATURE

In Local service, the agency representative's signature certifies the information in accordance with 4A:3-3.9(d).

- I ☐ AGREE with the statements of the immediate supervisor and program manager or division director.
- I ☐ DISAGREE with the statements of the immediate supervisor and program manager or division director.

COMMENTS:

☐ Check here if continued on additional sheets.

OFFICIAL TITLE
(Working title if different)

SIGNATURE

DATE

INSTRUCTIONS FOR COMPLETING POSITION CLASSIFICATION QUESTIONNAIRE (DPF-44)

NOTE: If this is a vacant position or a new position request, this form must be completed by the supervisor of the position and certified for accuracy by the Appointing Authority Representative.

Please read these instructions carefully before filling out the Position Classification Questionnaire.

This form is used to obtain information about a position. It will be used to determine the classification or to determine a rate of pay. Therefore, be as clear and accurate as possible and fill out the form completely. Be specific and illustrate statements with examples. If more space is needed to answer any of the items, attach an additional sheet and identify each item by its number.

This form is to be completed by you in your own words. Your supervisor and department head will review your Position Classification Questionnaire to determine the completeness and accuracy of the statements and to clarify or give additional information concerning your duties and responsibilities. Under no circumstances, however, should the supervisor or the department head change the answers as given and certified to by you. In the space provided, they may make whatever statements they think are necessary before signing the report. State your name in Item 1 and complete Items 6 through 12. Items 2 through 5 will be completed by your personnel office. Remember to sign your name in Item 12. Give the completed questionnaire to your supervisor.

ITEM 8 - The answer to this item requires an exact account of what you do. Describe your "whole job" or year-round duties, not just those which might be performed during rush or peak periods of activity or when you are substituting for other persons. Start with your most important duties and describe your least important duties last. Use a separate paragraph for each major duty. In the column at left indicate as best you can the percentage of time you devote to each duty. The position's supervisor will complete the information requested in the right hand column.

EXAMPLES OF GOOD AND POOR DUTIES STATEMENTS	
Poor Statements	Good Statements
Assist in handling correspondence. ●●●●●●●●●●	Receive, open, time stamp, and route incoming mail.
Maintain grounds and landscaped areas. ●●●●●●●●●●	Mow lawn with power mower and hand mowers. Trim trees from ground and from ladder, using power saws. Lubricate mowers.
I do finish concrete work. ●●●●●●●●●●●●●●●●●●	Place forms; mix, pour and finish concrete walks and curbing.
Keep claim registers. ●●●●●●●●●●●●●●●●●●	Prepare registers of all claims showing allocation of budget expenditures and total amount of expenditures for month in which claims are made.
Do general kitchen work. ●●●●●●●●●●●●●●●●●●	Clean and cut fruits and vegetables. Make salad dressings. Serve at steam table. Wash pots and dishes and store away utensils and foods. Once or twice a month, bake cookies and tarts.
Our unit is responsible for keeping all purchasing records. ●●	I compare invoices with purchase orders. Review requisitions submitted by the different departments for accuracy, then give them to the Purchasing Agent for his or her OK.

ITEM 10 - Before you complete Item 10, the following definitions will be helpful in making your choice of the type of supervision you receive.

- **CLOSE SUPERVISION:** Work is performed according to detailed instructions and supervision is available on short notice.
- **LIMITED SUPERVISION:** Incumbent proceeds on his/her own initiative while complying with policies, practices, and procedures prescribed by the supervisor. The supervisor generally answers questions only on the more important phases of the work.
- **GENERAL SUPERVISION:** Work is performed independently. The incumbent seldom refers matters to supervisor except for clarification of policy.
- **Other:** If your work is supervised in a manner different from all of the above, please describe briefly how your work is assigned and supervised.

INSTRUCTIONS FOR SUPERVISORY STAFF

ITEM 13 - If you are a supervisor reviewing this form, you should remember that your certification means you accept responsibility that the statements made constitute a true description of the duties and responsibilities of the position. If the description does not meet with your idea of the position, it is your responsibility to see that statements made are qualified or elaborated upon in your comments. Under no circumstances, however, are the employee's statements to be changed. However, you are asked to determine the order of difficulty of each duty performed. Under Item 8 in the column at right, cite the order of difficulty of duties performed by assigning the number one (1) to the most difficult, the number two (2) to the next most difficult, etc. Keep in mind that the most important duty performed by this position may not be the most difficult, nor the one on which the greatest percentage of time is spent.

You should review the completed and signed form for correctness, completeness, and accuracy of statements, then add any comments which you believe are necessary, sign the form, and forward it to the program manager or division director.

ITEM 14 - The Program Manager or Division Director should indicate his or her agreement or disagreement with the statements of the immediate supervisor. Additional comments may be written in the space provided. Sign the form and forward it to your Personnel Office.

APPOINTING AUTHORITY SIGNATURE

ITEM 15A - (State Service) - the appointing authority or designated representative shall sign the form here. The agency representative's signature certifies that he/she has reviewed the appeal, provided an organization chart, and included all information set forth in 4A:3-3.9(c). The completed package should be forwarded to the Civil Service Commission.

ITEM 15B - (Local service) - the agency representative shall sign here, and may indicate his/ her agreement or disagreement with the statements of the immediate supervisor and program manager or division director, and provide comments if desired. The completed package should be forwarded to the Civil Service Commission.