

**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** |
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| **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:** |
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| **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?**  |
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| **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** |
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| **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.** |
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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)** |
|        |
| **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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