

**REQUEST FOR CERTIFICATION OF ELIGIBLES**

**TO:** Broome County Department of Personnel      **DATE:** \_\_\_\_\_

**FROM:** (Dept. or Agency) \_\_\_\_\_

**CIVIL SERVICE TITLE:** \_\_\_\_\_

**MINIMUM SALARY\*:** \_\_\_\_\_ **ANNUAL\*\*:** \_\_\_\_\_ **HOURLY\*\*:** \_\_\_\_\_

\*(List amount that will appear on Payroll here)

\*\*Hourly rate is required; if "+D.O.E." is applicable, criteria for use must be submitted.

**PREFERENCE LIST REQUESTED?**     **YES**                       **NO**

**#HRS/WK:** \_\_\_\_\_                                      **# MONTHS/YR:** \_\_\_\_\_

**DAILY WORK SCHEDULE:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

**DATE OF VACANCY:** \_\_\_\_\_ **DESIRED START DATE:** \_\_\_\_\_

**PERMANENT**

Last employee in position: \_\_\_\_\_

Reason for vacancy: \_\_\_\_\_

**CONTINGENT PERMANENT**

Reason for contingent permanent appointment (check one):

Permanent probationary promotion of (name) \_\_\_\_\_

Leave of absence for (name) \_\_\_\_\_

**TEMPORARY** Duration: \_\_\_\_\_

Reason for temporary appointment (check one):

Permanent probationary promotion of (name) \_\_\_\_\_

Provisional promotion of (name) \_\_\_\_\_

Temporary promotion of (name) \_\_\_\_\_

Leave of absence for (name) \_\_\_\_\_

Other (explain) \_\_\_\_\_

**REMARKS:** \_\_\_\_\_

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\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**TITLE**