

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: _____

SIGNATURE

TITLE

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Personnel Copy – Yellow