

DEPARTMENT OF HUMAN RESOURCES
SELECTION CERTIFICATION FORM FOR EXTRA HELP

DATE: _____ **DEPARTMENT:** _____

POSITION: _____

PERSON SELECTED: _____ **Requisition Number:** _____

Is the applicant selected above related to the department head, any manager or the immediate supervisor of this position? Yes: ___ No: ___

If yes, list name, title and relationship: _____

Reason(s) for the selection(s):

Appointing Authority Signature: _____

HUMAN RESOURCES USE ONLY:

Director of Human Resources

Approved: _____

Not Approved: _____

Date: _____