



REQUEST FOR CERTIFICATION OF ELIGIBLES

I. TO BE COMPLETED BY APPOINTING AUTHORITY

JURISDICTION/DEPARTMENT: _____

Requested by: _____ Date: _____

Purpose of List Request: _____

Requesting Certification For: _____

** Please note if a Special List, PEL or Promotional List (with 3 or more candidates) exists, it will be issued and must be used first.*

POSITION INFORMATION:

POSITION TITLE: _____

Position #: _____

Dept./Division/Location: _____

Position Type: FT PT LFT If School District: 10/11 month 12 month

Position Availability: _____

Starting Salary/Salary Range for Canvassing: _____

Position #: _____

Dept./Division/Location: _____

Position Type: FT PT LFT If School District: 10/11 month 12 month

Position Availability: _____

Starting Salary/Salary Range for Canvassing: _____

Position #: _____

Dept./Division/Location: _____

Position Type: FT PT LFT If School District: 10/11 month 12 month

Position Availability: _____

Starting Salary/Salary Range for Canvassing: _____

COMMENTS:



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II. TO BE COMPLETED BY ROCKLAND COUNTY DEPARTMENT OF PERSONNEL (COUNTY OPERATIONS/LMS)

Total # of Positions Requested: _____ Vacancy Release (County Ops Use ONLY): _____

Pos # _____ Position Status: _____

Provisional/Temp Name: _____

Permanent Title: _____

Pos # _____ Position Status: _____

Provisional/Temp Name: _____

Permanent Title: _____

Pos # _____ Position Status: _____

Provisional/Temp Name: _____

Permanent Title: _____

Type of List Appointment(s): Permanent Contingent-Permanent Temp N/A or Other (see comment below)

Comments: _____

Does a PEL exist that can be used for this title? Yes No Title/PEL # _____

Processed By: _____ Date: _____

III. TO BE COMPLETED BY ROCKLAND COUNTY DEPARTMENT OF PERSONNEL (EXAMS/CERTIFICATIONS)

DATE RECEIVED _____

NO appropriate Eligible List for title

Certification Issued: _____

Eligible List(s) #: _____

EL Expiration Date: _____

EL List Notes: Complete current list More names available Resident Eligible List reduced – Issuing Whole List

Comments: _____

Processed By: _____ Date: _____ Approved by: _____ Date: _____

Department/Jurisdiction Notification Date: _____ CC: County LMS